

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90049 043 \*\*\*158.75

**DOCUMENT # 38920**

1. Entity Name

CARL BELL ENTERPRISES, INC.



Principal Place of Business

2808 SR 13 N  
JACKSONVILLE FL 32259  
US

Mailing Address

PO BOX 600097  
JACKSONVILLE FL 32260  
US

50016508



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2731820

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUSZLAK, JOSEPH F  
348 E. ADAMS ST.  
JACKSONVILLE FL 32202

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PAS ☐ Delete  
NAME BELL, CARL E.  
STREET ADDRESS 2808 SR 13 N  
CITY-ST-ZIP JACKSONVILLE FL 32260

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 32259

TITLE TD ☒ Delete  
NAME BELL, CARL E.  
STREET ADDRESS 2808 SR 13 N  
CITY-ST-ZIP JACKSONVILLE FL 32260

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME COPELAND, KYLE E  
STREET ADDRESS 4210 YELLOW WATER RD  
CITY-ST-ZIP JACKSONVILLE FL 32234

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 11040 ROYAL COUNTY DR S  
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME TANYA COPELAND  
STREET ADDRESS 11040 ROYAL COUNTY DR S  
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME S  
STREET ADDRESS PEGGY BELL  
CITY-ST-ZIP 2808 SR 13 N  
JACKSONVILLE FL 32259

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL E BELL CARL E BELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-05 904 545 6271

Date

Daytime Phone #