


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # K04306**  
 1. Entity Name  
**BELL 2, INC.**



Principal Place of Business      Mailing Address  
**630 E NEW HAVEN AVE.**      **630 E NEW HAVEN AVE.**  
**P O BOX 1251**      **P O BOX 1251**  
**MELBOURNE, FL 32902-8251**      **MELBOURNE, FL 32902-1251 US**

**DO NOT WRITE IN THIS SPACE**



04202008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-2862283</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**BOSKIND, RICHARD**  
**262 N SONORA CR.**  
**MELBOURNE, FL 32901**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>BOSKIND, RICHARD</b>
STREET ADDRESS	<b>262 N. SONORA CR.</b>
CITY-ST-ZIP	<b>INDIALANTIC, FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000916474  
 05/13/08-80003-003 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *R. Boskind Desj*      20 APR 08      321 636 3065  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #