

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90205 007 ***150.00

DOCUMENT # P0000095390 1. Entity Name BELL ELECTRIC, INC.			
Principal Place of Business 6315 13TH ST. N ST PETERSBURG, FL 33702 US		Mailing Address 6315 13TH ST. N ST PETERSBURG, FL 33702 US	
2. Principal Place of Business 7397 Orpine Dr. N. Suite, Apt. #, etc.		3. Mailing Address 7397 Orpine Dr. N. Suite, Apt. #, etc.	
City & State St. Petersburg FL		City & State St. Petersburg FL	
Zip 33702		Zip 33702	
Country USA		Country USA	
4. FEI Number 59-3674998		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BELL, MIKE 1598 76TH AVE. NORTH SAINT PETERSBURG, FL 33702		7. Name and Address of New Registered Agent Name Michael T. Bell Street Address (P.O. Box Number is Not Acceptable) 7397 Orpine Drive. N. City St. Petersburg FL Zip Code 33702	
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 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DP	NAME BELL, MIKE	TITLE Change	NAME Mike Bell
STREET ADDRESS 6315 13TH ST NORTH	CITY-ST-ZIP SAINT PETERSBURG, FL 33702	STREET ADDRESS 7397 Orpine Drive N.	CITY-ST-ZIP St. Petersburg FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Michael T Bell		5-1-06 727-526-532	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	