

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000008720

FILED  
Jul 10, 2006  
Secretary of State

Entity Name: MIKE BELL INSURANCE AGENCY, INC.

## Current Principal Place of Business:

4745 SUTTON PARK CT.  
#804  
JACKSONVILLE, FL 32224

## New Principal Place of Business:

## Current Mailing Address:

4745 SUTTON PARK CT.  
#804  
JACKSONVILLE, FL 32224

## New Mailing Address:

FEI Number: 59-3696222

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BELL, MIKE  
4745 SUTTON PARK CT. #804  
JACKSONVILLE, FL 32224 US

## Name and Address of New Registered Agent:

BELL, MIKE PRES  
4745 SUTTON PARK CT.  
804  
JACKSONVILLE, FL 32224 US

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.

SIGNATURE: MIKE BELL

07/10/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: BELL, MIKE  
Address: 4745 SUTTON PARK COURT #804  
City-St-Zip: JACKSONVILLE, FL 32224

Title: VS ( ) Delete  
Name: BELL, CHRISTINE  
Address: 4745 SUTTON PARK COURT #804  
City-St-Zip: JACKSONVILLE, FL 32224

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE BELL

PRES

07/10/2006

Electronic Signature of Signing Officer or Director

Date