2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000116053

1. Entity Name
BELLA TINA, INC.

Principal Place of Business	Mailing Address
108 STEVENSON RD WINTER HAVEN, FL 33880	P O BOX 9119 WINTER HAVEN, FL 33883

U00000956358
07/25/08-80004-015 158.75

06092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1157527
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMSON, JAMES A
108 STEVENSON RD
WINTER HAVE, FL 33884

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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 James A Williamson James A Williamson PRESIDENT 7-23-08
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
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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
TITLE	P
NAME	WILLIAMSON, JAMES A
STREET ADDRESS	108 STEVENSON RD
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	VST
NAME	WILLIAMSON, TINA H
STREET ADDRESS	108 STEVENSON RD
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: James A Williamson JAMES A WILLIAMSON 863 287 7565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7-23-08