

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000117891

1. Entity Name
BELLA LAND INVESTMENTS, INC.



Principal Place of Business
**1240 STONEHAVEN COURT
HEATHROW, FL 32746**

Mailing Address
**1240 STONEHAVEN COURT
HEATHROW, FL 32746**



03212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0580489

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FROELICH, SEAN M
1236 VIA DEL MAR
WINTER PARK, FL 32789**

**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

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

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FROELICH, SEAN M
STREET ADDRESS	1240 STONEHAVEN COURT
CITY - ST - ZIP	HEATHROW, FL 32746
TITLE	V
NAME	LAWSON, E. B
STREET ADDRESS	1240 STONEHAVEN COURT
CITY - ST - ZIP	HEATHROW, FL 32746
TITLE	TS
NAME	ANDREUCCI, LEONARD R
STREET ADDRESS	1240 STONEHAVEN COURT
CITY - ST - ZIP	HEATHROW, FL 32746
TITLE	VP
NAME	FROELICH, KRISTEN J
STREET ADDRESS	1240 STONEHAVEN COURT
CITY - ST - ZIP	HEATHROW, FL 32746
TITLE	VP
NAME	ANDREUCCI, CAROLYN D
STREET ADDRESS	1240 STONEHAVEN COURT
CITY - ST - ZIP	HEATHROW, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

10/12/06 00074-009 150.00

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/06 407-687-1870
Daytime Phone #