2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2008 8:00 am
Secretary of State
01-28-2008 90050 026 *****8.75
03-03-2008 90201 013 ***141.25

DOCUMENT # P02000008151

1. Entity Name

HOWARD AND DEWEY BELL, INC.

Principal Place of Business	Mailing Address
5682 MOUNT OLIVE RD. POLK CITY FL 33868	5682 MOUNT OLIVE RD. POLK CITY FL 33868

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
5682 mt olive RD		5682 mt olive Rd	
Suite, Apt. #, etc. Polk City Fl		Suite, Apt. #, etc. Polk City Fl	
City & State		City & State	
Zip 33868	Country Polk	Zip 33868	Country Polk

4. FEI Number 04-3601724 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BELL, HOWARD
5682 MOUNT OLIVE RD.
POLK CITY FL 33868

7. Name and Address of New Registered Agent

Name Howard and Dewey Bell Inc
Street Address (P.O. Box Number is Not Acceptable) 5682 mt olive Rd
Polk City Flo
City FL Zip Code 33868

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 ______________________________ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BELL, HOWARD 5682 MOUNT OLIVE RD POLK CITY FL 33868	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BELL, DEWEY 5682 MOUNT OLIVE RD POLK CITY FL 33868	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Howard Bell HOWARd BEll President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #