

ANNUAL REPORT (AR)

DOCUMENT # P02000030809

1. Entity Name

VONABELL, INC.



FILED
Jan 31, 2005 08:00 AM
Secretary of State

Principal Place of Business
 1743 PRINCE PHILIP ST
 CLEARWATER FL 33755

Mailing Address
 1743 PRINCE PHILIP ST
 CLEARWATER FL 33755



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3632068

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHERMAN, VONABELL L
 1743 PRINCE PHILIP STREET
 CLEARWATER FL 33755

Name

Street Address (P O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

TITLE NAME ☐ Delete
 P SHERMAN, VONABELL L
 STREET ADDRESS 1743 PRINCE PHILIP ST
 CITY - ST - ZIP CLEARWATER FL 33755

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY - ST - ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY - ST - ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY - ST - ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY - ST - ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY - ST - ZIP
 U00000204874
 01/31/05-80023-007 150.00

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

1/28/05 (727) 447-4077