


**FILED**  
**Jun 04, 2004 8:00 am**  
**Secretary of State**

5/5/2

05-05-2004 90227 040 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P02000032766</b>	
1. Entity Name THE SANDI BELL TALENT AGENCY, INC.	

Principal Place of Business 2582 S MAGUIRE RD #171 OCOOE, FL 34761	Mailing Address 2582 S MAGUIRE RD #171 OCOOE, FL 34761
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**66426557**



04272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0634402	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BELL, SANDRA  
 2582 S MAGUIRE RD #171  
 OCOOE, FL 34761

**DO NOT WRITE IN THIS SPACE**

B. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BELL, SANDRA 2582 S MAGUIRE RD #171 OCOOE, FL 34761
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Sandi Bell President Date: 407-445-9221  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #