

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>DOCUMENT # P02000080562</b><br>1. Entity Name<br><b>J. T. BELL INVESTMENTS, INC.</b>   |  |   |   |  |  |
| Principal Place of Business<br><b>9425 SW 95 COURT<br/>MIAMI FL 33176</b>   |  |   | Mailing Address<br><b>9425 SW 95 COURT<br/>MIAMI FL 33176</b>     |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  |   | 3. Mailing Address<br>Suite, Apt. #, etc.                         |  |  |
| City & State  |  |   | City & State  |  |  |
| Zip   |  | Country   |   | Zip  |  |
| Country   |  | Country   |   | 4. FEI Number <b>45-0484048</b><br>Applied For <input type="checkbox"/><br>Not Applicable <input checked="" type="checkbox"/>        |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |   |   | 1st MOORE CR2E034 (10/04)  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LYON, STEPHEN C<br/>9425 SW 95 COURT<br/>MIAMI FL 33176</b>   |  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |  |   |   | 9. Election Campaign Financing <b>\$5.00 May Be</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>        |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11             |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>LYON, STEPHEN C<br>9425 SW 95 COURT<br>MIAMI FL 33176 | <input type="checkbox"/> Delete                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>LYON, DANIELLE<br>9425 SW 95 COURT<br>MIAMI FL 33176  | <input type="checkbox"/> Delete                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | U000000253729<br>03/07/05-80047-009 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 changed, or on an attachment with an address, with all other like empowered. |  |   |   |  |  |
| <b>SIGNATURE:</b> _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |   | 2/26/05 305-812-59166<br>Date Daytime Phone #                     |  |  |