


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000083002

1. Entity Name
BELL SHOALS PROPERTIES, INC.



Principal Place of Business Mailing Address

**3350 BELL SHOALS RD
 BRANDON, FL 33511-7637**

**PO BOX 6302
 BRANDON, FL 33508-6005**

DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 22-3861769	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BURLEY, B MITCHELL
 2240 LITHIA CENTER LN
 VALRICO, FL 33594**

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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 re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 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	PD REED, DAVID D 120 WOOD DALE DR BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BURLEY, ROSEMARIE F 106 LOCUST DR BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REED, LISA M 120 WOOD DALE DR BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURLEY, B MITCHELL 106 LOCUST DR BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(i), 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: _____ **1/12/05 813 267 4968**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #