

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000083002

Entity Name: BELL SHOALS PROPERTIES, INC.

FILED
Mar 15, 2007
Secretary of State

Current Principal Place of Business:

3350 BELL SHOALS RD
BRANDON, FL 335117637

New Principal Place of Business:

Current Mailing Address:

PO BOX 6302
BRANDON, FL 335086005

New Mailing Address:

FEI Number: 22-3861769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REED, DAVID D
Address: 120 WOOD DALE DR
City-St-Zip: BRANDON, FL 33511

Title: TD () Delete
Name: BURLEY, ROSEMARIE F
Address: 106 LOCUST DR
City-St-Zip: BRANDON, FL 33511

Title: VPD () Delete
Name: REED, LISA M
Address: 120 WOOD DALE DR
City-St-Zip: BRANDON, FL 33511

Title: SD () Delete
Name: BURLEY, B MITCHELL
Address: 106 LOCUST DR
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID D. REED

PD

03/15/2007

Electronic Signature of Signing Officer or Director

_____ Date