

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90051 020 ***150.00

DOCUMENT # P02000106517

1. Entity Name

BELLA BECCA, INC.



Principal Place of Business

11248 W. HILLSBOROUGH AVENUE
TAMPA FL 33635

Mailing Address

11248 W. HILLSBOROUGH AVENUE
TAMPA FL 33635

34003281



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

82-0566974

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~BARRETT, KELLY R~~
~~4065 DAVENTRY LANE~~
~~PALM HARBOR FL 34685~~

7. Name and Address of New Registered Agent

Name

SUSAN POWELL

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

4909 CROCKETT COURT

City

TAMPA

FL

Zip Code

33625

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

Susan Powell, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-27-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 VSD ☐ Delete
NAME BARRETT, KELLY R
STREET ADDRESS 4065 DAVENTRY LANE
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE PTD ☐ Delete
NAME POWELL, SUSAN G
STREET ADDRESS ~~4065 DAVENTRY LANE~~
CITY-ST-ZIP ~~PALM HARBOR FL 34685~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE PTD ☒ Change ☐ Addition
NAME SUSAN G. POWELL
STREET ADDRESS 4909 CROCKETT COURT
CITY-ST-ZIP TAMPA, FL 33625

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

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TITLE ☐ Change ☐ Addition
NAME
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)(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:

Susan Powell, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/04 813-749-8100