


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90568 004 \*\*\*150.00

<b>DOCUMENT # P02000122398</b>	
1. Entity Name <b>BELLA PROPERTIES OF JACKSONVILLE, INC.</b>	

Principal Place of Business <b>114 1/2 13TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250</b>	Mailing Address <b>114 1/2 13TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250</b>
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2. Principal Place of Business <b>2614 DELLWOOD AVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>2614 DELLWOOD AVE</b> Suite, Apt. #, etc.
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City & State <b>JACKSONVILLE</b>	City & State <b>JACKSONVILLE</b>
Zip <b>32204</b>	Country <b>FLORIDA</b>



04252005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>BELLANTI, ANTHONY 114 1/2 13TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250</b>	
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4. FEI Number <b>02-0655187</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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7. Name and Address of New Registered Agent Name <b>BELLANTI ANTHONY</b> Street Address (P.O. Box Number is Not Acceptable) <b>2614 DELLWOOD AVE</b> City <b>JACKSONVILLE</b> FL Zip Code <b>32204</b>	
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 <b>Anthony Bellanti, PRES</b>	DATE <b>4/27/05</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELLANTI, ANTHONY 114 1/2 13 AVE SO JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELLANTI, ANTHONY 2614 DELLWOOD AVE JACKSONVILLE FL 32204 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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 <b>Anthony Bellanti, PRES</b>	DATE <b>4/27/05</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	