


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90568 004 ***150.00

DOCUMENT # P02000122398 1. Entity Name BELLA PROPERTIES OF JACKSONVILLE, INC.	
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Principal Place of Business 114 1/2 13TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250	Mailing Address 114 1/2 13TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250
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2. Principal Place of Business 2614 DELLWOOD AVE Suite, Apt. #, etc.	3. Mailing Address 2614 DELLWOOD AVE Suite, Apt. #, etc.
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04252005 Chg-P CR2E034 (10/03)

City & State JACKSONVILLE	City & State JACKSONVILLE	4. FEI Number 02-0655187	Applied For Not Applicable
Zip 32204	Country DUAL	Zip 32204	Country DUAL

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent BELLANTI, ANTHONY 114 1/2 13TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250	7. Name and Address of New Registered Agent Name BELLANTI ANTHONY Street Address (P.O. Box Number is Not Acceptable) 2614 DELLWOOD AVE City JACKSONVILLE FL Zip Code 32204
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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: *Anthony Bellanti* **ANTHONY BELLANTI, PRES** x **4/27/05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 <input type="checkbox"/> Delete BELLANTI, ANTHONY 114 1/2 13 AVE SO JACKSONVILLE BEACH, FL 32250	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BELLANTI, ANTHONY 2614 DELLWOOD AVE JACKSONVILLE FL 32204
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
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
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: *Anthony Bellanti* **ANTHONY BELLANTI, PRES** x **4/27/05**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #