

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000007279

FILED  
Jan 13, 2005  
Secretary of State

Entity Name: THREE BELLES, INC.

**Current Principal Place of Business:**

12734 KENWOOD LANE STE 80  
FT MYERS, FL 33907

**New Principal Place of Business:**

1400 COLONIAL BLVD #57  
FT MYERS, FL 33907

**Current Mailing Address:**

12734 KENWOOD LANE STE 80  
FT MYERS, FL 33907

**New Mailing Address:**

FEI Number: 02-0668764      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WINER, STEVEN I  
2320 FIRST ST STE 1000  
FT MYERS, FL 33901      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: DST ( ) Delete  
Name: GRADY, SUZANNE  
Address: 12734 KENWOOD LANE STE 80  
City-St-Zip: FT MYERS, FL 33907

Title: DP ( ) Delete  
Name: FENNELL, CHARLOTTE A  
Address: 12734 KENWOOD LANE STE 80  
City-St-Zip: FT MYERS, FL 33907

Title: DV ( ) Delete  
Name: HARSHMAN, KATHY J  
Address: 12734 KENWOOD LANE STE 80  
City-St-Zip: FT MYERS, FL 33907

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHARLOTTE A FENNELL

DP

01/13/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date