

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90050 031 ***150.00

DOCUMENT # P03000062749

1. Entity Name
T R BELL CORP.



Principal Place of Business
**3725 49TH ST N
ST PETERSBURG, FL 33710**

Mailing Address
**3725 49TH ST N
ST PETERSBURG, FL 33710**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042007 Chg-P CR2E034 (12/06)

4. FEI Number

54-2112591

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NEWMAN, KEITH
3535 FIRST AVE NORTH
ST PETERSBURG, FL 33713**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WARD, MICHAEL F**
CITY-ST-ZIP **2157 BAYOU GRANDE BLVD
ST PETERSBURG, FL 33703**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BELL, LEONA**
CITY-ST-ZIP **7739 75TH ST N
ST PETERSBURG, FL 33781**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BELL, DAVID**
CITY-ST-ZIP **7739 75TH ST N
ST PETERSBURG, FL 33781**

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 ☒ Change ☐ Addition
NAME
STREET ADDRESS **1459 PREMIER VILLAGE WAY**
CITY-ST-ZIP **CLEARWATER, FL, 33784**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1459 PREMIER VILLAGE WAY**
CITY-ST-ZIP **CLEARWATER, FL, 33784**

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

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

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 exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

h Bell

4/4/07

7275390474