## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 10, 2006 8:00 am Secretary of State DOCUMENT # P03000137483 04-10-2006 90331 004 \*\*\*150.00 BELL & BELL CONSTRUCTION, INC. Principal Place of Business Mailing Address 310 HOWARD ST 310 HOWARD ST PUNTA GORDA, FL 33950 PUNTA GORDA, FL 33950 01102006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0368214 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BELL, JEFFERY C DO NOT WRITE 310 HOWARD ST PUNTA GORDA, FL 33950 IN THIS SPACE 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! 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS DP TITLE NAME BELL, JEFFERY C STREET ADDRESS 310 HOWARD ST CITY-ST-ZIP PUNTA GORDA, FL 33950 DV TITLE NAME BELL, RACHEL A STREET ADDRESS 310 HOWARD ST CITY-ST-ZIP PUNTA GORDA, FL 33950 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TTDE NAME STREET ADDRESS

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,

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS

**FILED**