


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-12-2006 90088 045 ***150.00

DOCUMENT # P04000079132

1. Entity Name
A. BELL TRUCKING, INC.



Principal Place of Business
**2110 W RIO VISTA AVE
TAMPA FL 33603**

Mailing Address
**2110 W RIO VISTA AVE
TAMPA FL 33603**



2. Principal Place of Business
A-BELL TRUCKING INC

Suite, Apt. #, etc.
2110 W Rio Vista Ave

3. Mailing Address
Suite, Apt. #, etc.

City & State
TAMPA FL

City & State

Zip
33603

Country

4. FEI Number
20-1129369

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BELL, AGUSTIN
2110 W RIO VISTA AVE
TAMPA FL 33603**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME BELL, AGUSTIN	
STREET ADDRESS 2110 W RIO VISTA AVE	
CITY-ST-ZIP TAMPA FL 33603	
TITLE VP	<input type="checkbox"/> Delete
NAME BELL, OMARA V	
STREET ADDRESS 2110 W RIO VISTA AVE	
CITY-ST-ZIP TAMPA FL 33603	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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: *Agustin Bell* **1-30-06** **813-874-0372**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #