

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90035 040 ***150.00

DOCUMENT # P04000114505	
1. Entity Name MATTHEW L. BELL, C.P.A., P.A.	



Principal Place of Business 3043 SHADY WOOD LANE LAKE WALES, FL 33989-8	Mailing Address POST OFFICE BOX 3466 LAKE WALES, FL 33859-3466
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2. Principal Place of Business - No P.O. Box # 1262 St. Anne Shrine Rd.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lake Wales, FL	City & State
Zip 33898	Country USA

400010000



04092008 Chg-P CR2E034 (12/06)

4. FEI Number 35-2235504	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
BELL, MATTHEW L 3043 SHADY WOOD LANE LAKE WALES, FL 33989-8	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
1262 St. Anne Shrine Rd.	
City Lake Wales	FL Zip Code 33898

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: *Matthew L. Bell* DATE: 4/16/2008

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	D BELL, MATTHEW L 3043 SHADY WOOD LANE LAKE WALES, FL 33989-8 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1262 St. Anne Shrine Rd. Lake Wales, FL 33898
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BELL, STEPHEN H JR 495 HEATHER CT. BARTOW, FL 33830 <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
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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 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: *Matthew L. Bell* DATE: 4/16/08 863-696-3241