

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90041 018 ***150.00

DOCUMENT # P05000017692

1. Entity Name
BELLA COBBLESTONE, INC.



Principal Place of Business
114 FIELD LANE
SEFFNER, FL 33584 US

Mailing Address
114 FIELD LANE
SEFFNER, FL 33584 US

50024433



2. Principal Place of Business
P.O. Box 1409
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1409
Suite, Apt. #, etc.

07052006 Chg-P CR2E034 (11/05)

City & State
Seffner, FL

City & State
Seffner, FL

4. FEI Number
33-1111598

Applied For
Not Applicable

Zip
33583

Country
USA

Zip
33583

Country
USA

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

6. Name and Address of Current Registered Agent

HARRELL, BRODRICK L
114 FIELD LANE
SEFFNER, FL 33584

7. Name and Address of New Registered Agent

Name HARRELL, BRODRICK L

Street Address (P.O. Box Number is Not Acceptable)
3539 METEOR PLACE

City VALRICO

FL

Zip Code 33594

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 *Brodrick L. Harrell* BRODRICK L. HARRELL 8/4/2006
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
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME HARRELL, BRODRICK L
STREET ADDRESS 114 FIELD LANE
CITY-ST-ZIP SEFFNER, FL 33584 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME HARRELL, BRODRICK L
STREET ADDRESS 3539 Meteor Place
CITY-ST-ZIP Valrico, FL 33594 ☐ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 *Brodrick L. Harrell* BRODRICK L. HARRELL 8/4/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

(613) 404-2694