

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000074995	
1. Entity Name PETER BELLO INSURANCE AGENCY INC	
Principal Place of Business 151 MARY ESTHER BLVD 304 MARY ESTHER, FL 32569	Mailing Address 151 MARY ESTHER BLVD 304 MARY ESTHER, FL 32569



04092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2877506	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$6.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BELLO, PETER
151 MARY ESTHER BLVD
304
MARY ESTHER, FL 32569**

**DO NOT WRITE
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE P	NAME BELLO, PETER
STREET ADDRESS 151 MARY ESTHER BLVD, #304	
CITY-ST-ZIP MARY ESTHER, FL 32569	
TITLE VP	NAME BELLO, MARY
STREET ADDRESS 151 MARY ESTHER BLVD, #304	
CITY-ST-ZIP MARY ESTHER, FL 32569	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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]* **President** **4-9-07** **850-581-9377**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #