

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000077308

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: BELL HOME SERVICES, INC.

## Current Principal Place of Business:

12707S.W.81ST.PL.  
ARCHER, FL 32618 US

## New Principal Place of Business:

6473 BERNICE RD.  
KEYSTONE HEIGHTS, FL 32656 US

## Current Mailing Address:

12707S.W.81ST.PL.  
ARCHER, FL 32618 US

## New Mailing Address:

6473 BERNICE RD.  
KEYSTONE HEIGHTS, FL 32656 US

FEI Number: 20-2909496

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BELL, SCOTT  
12707S.W.81ST.PL.  
ARCHER, FL 32618 US

## Name and Address of New Registered Agent:

BELL, SCOTT  
6473 BERNICE RD.  
KEYSTONE HEIGHTS, FL 32656 US

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.

SIGNATURE: SCOTT BELL

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: BELL, SCOTT  
Address: 12707S.W.81ST.PL.  
City-St-Zip: ARCHER, FL 32618 US

Title: V.P. ( ) Delete  
Name: BELL, DREW C  
Address: 12707S.W.81ST.PL.  
City-St-Zip: ARCHER, FL 32618 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: BELL, SCOTT  
Address: 6473 BERNICE RD.  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

Title: V.P. (X) Change ( ) Addition  
Name: BELL, DREW C  
Address: 6473 BERNICE RD.  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT BELL

PSTD

04/27/2009

Electronic Signature of Signing Officer or Director

Date