

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000101611**

1. Entity Name  
**BELLA INCORPORATED OF SW FL**



Principal Place of Business  
**8945 CYPRESS PRESERVE PLACE  
FORT MYERS, FL 33912 US**

Mailing Address  
**8945 CYPRESS PRESERVE PLACE  
FORT MYERS, FL 33912 US**



01122008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-3181353</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**FRIEND, GARY R  
8945 CYPRESS PRESERVE PLACE  
FORT MYERS, FL 33912**

**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, 2008 Fee will be \$550.00**

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

**U000000918522  
05/13/08-80086-007 150.00**

**10. OFFICERS AND DIRECTORS**

**TITLE P  
NAME DEMATTIA, ISABELLA  
STREET ADDRESS 8945 CYPRESS PRESERVE PLACE  
CITY-ST-ZIP FORT MYERS, FL 33912**

**TITLE VP  
NAME FRIEND, GARY R  
STREET ADDRESS 8945 CYPRESS PRESERVE PLACE  
CITY-ST-ZIP FORT MYERS, FL 33912**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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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:** *Isabella Demattia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/08** **239-561-0684**  
Date Daytime Phone #