

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90036 046 ***150.00

DOCUMENT # P06000067685

1. Entity Name
BELL-ROCK, INC.



Principal Place of Business
**4503 GULF STREAM DRIVE
SPRING HILL, FL 34607 US**

Mailing Address
**4503 GULF STREAM DRIVE
SPRING HILL, FL 34607 US**

400330000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Coastal Landings Shopping Center

Suite, Apt. #, etc.
Unit - 524201

Suite, Apt. #, etc.

City & State
Springhill Florida

City & State

Zip
34643

Country
USA

Zip

Country

04052007

Chg-P

CR2E034 (12/06)

4. FEI Number

WA-20-4861453

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BELLINO, RICHARD F
4503 GULF STREAM DRIVE
SPRING HILL, FL 34607**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BELLINO, RICHARD F
4503 GULF STREAM DRIVE
SPRING HILL, FL 34607** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BELLINO, KATHLEEN
4503 GULF STREAM DRIVE
SPRING HILL, FL 34607** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROCKWELL, KAREN
2295 GLENRIDGE DRIVE
SPRING HILL, FL 34609** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07

Date

352-597-2341

Daytime Phone #