

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90137 001 *2,250.00

DOCUMENT # P94000028013

1. Entity Name
LIBERTY BELLE, CORTEZ FLORIDA INC.



Principal Place of Business
**4600 46TH AVENUE
CORTEZ, FL 34215**

Mailing Address
**POST OFFICE BOX 276
CORTEZ, FL 34215**

66012521



04282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0542119

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BELL, DOUGLAS
8708 50 AVE W
BRADENTON, FL 34210**

**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 _____

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, 2008 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	P BELL, WALTER 4600 124TH ST. W. CORTEZ, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BELL, CALVIN 12203 45TH AVE. W. CORTEZ, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BELL, C.D. 4600 124 ST. W. CORTEZ, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 30 2008

Date

Daytime Phone #

941 7941249