

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000053814

1. Entity Name
JIM BELL AND SONS, INC.



FILED
May 03, 2004 08:00 AM
Secretary of State

Principal Place of Business
1301 RIVERPLACE BLVD
#2554
JACKSONVILLE, FL 32207 US

Mailing Address
1301 RIVERPLACE BLVD
SUITE 2554
JACKSONVILLE, FL 32207 US



04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3211508	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JIMENEZ, TOMAS A.
1301 RIVERPLACE BLVD, STE 25521
JACKSONVILLE, FL 32207

**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, 2004 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 BELLISARIO-JIMENEZ, LYNDIA 8237 HUNTERS GROVE RD. JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP JIMENEZ, TOMAS A. 8237 HUNTERS GROVE ROAD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 exemption stated in Section 119.07(3)(i), 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: *Lyndia Bellisario Jimenez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04 904 3981110
Date Daytime Phone #