2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000053814

1. Entity Name
JIM BELL AND SONS, INC.

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

DO NOT WRITE IN THIS SPACE

04302008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3211508	Not Applicable

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

6. Name and Address of Current Registered Agent

JIMENEZ, TOMAS A
1301 RIVERPLACE BLVD
2554
JACKSONVILLE, FL 32207

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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	D
NAME	BELLISARIO JIMENEZ, LYNDA
STREET ADDRESS	1301 RIVERPLACE BLVD SUITE 2554
CITY-ST-ZIP	JACKSONVILLE, FL 32207

TITLE	DP
NAME	JIMENEZ, TOMAS A
STREET ADDRESS	1301 RIVERPLACE BLVD SUITE 2554
CITY-ST-ZIP	JACKSONVILLE, FL 32207

TITLE	
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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: _Lynda Bellisario Jimenez_   4/29/08   904-651-1461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

LYNDA BELLISARIO JIMENEZ