


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000008306 1. Entity Name BELLSHIRE, INC.	
--	---

Principal Place of Business 503 BEACHWALK CIR NAPLES, FL 34108	Mailing Address C/O ARLENE F. AUSTIN, PA 5811 PELICAN BAY BLVD. #201 NAPLES, FL 34108
--	--

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0588494	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  AUSTIN, ARLENE F 5811 PELICAN BAY BLVD. SUITE 201 NAPLES, FL 34108
--

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--------------------------------

000000061995  
02/23/04-80103-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD VELLA, SAM 100 CARNFORTH RD NORTH YORK ONTARIO,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VELLA, JOHN 100 CARNFORTH RD NORTH YORK ONTARIO,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VELLA, PATRICIA 100 CARNFORTH RD., NORTH YORK, ONTARIO CANADA M4A 2K7,
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: 	Date: Feb. 17/2004 (239) 591-2311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	