## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 23, 2004 8:00 am Secretary of State DOCUMENT # P96000066080 1. Entity Name 04-23-2004 90252 035 \*\*\*150.00 GLOBAL BELL EQUIPMENT, INC. Principal Place of Business Mailing Address 2015 BROAD ST 2015 BROAD ST 4400×1~~ **BROOKSVILLE FL 34604 BROOKSVILLE FL 34604** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State 4. FEI Number City & State Applied For 59-3393150 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REUTIMANN, LINDA L Street Address (P.O. Box Number is Not Acceptable) 6352 OCEAN PINES LANE SPRING HILL FL 34606 Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition REUTIMANN, LINDA L NAME NAME 2015 BROAD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BROOKSVILLE FL 34604** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition REUTIMANN, LINDA L NAME NAME 2015 BROAD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BROOKSVILLE FL 34604 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition MARGESON, JOHN W STREET ADDRESS STREET ADDRESS PO BOX 136 CITY-ST-ZIP TRACYTON WA 98939 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

LINDAL REUTIMANN 4-20-04 352-754-9981 **SIGNATURE** 

changed, or on an attachment with an address,