


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90029 045 ***150.00

DOCUMENT # P99000003072		
1. Entity Name BELL'S CUSTOM TRAVEL, INC.		

Principal Place of Business 9230 CLOVE CT FORT MYERS FL 33919	Mailing Address 9230 CLOVE CT FORT MYERS FL 33919
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2. Principal Place of Business 5855 Elizabeth Ann Way Suite, Apt. #, etc. FT. Myers, FL		3. Mailing Address 5855 Elizabeth Ann Way Suite, Apt. #, etc.	
City & State 33912		City & State FT. Myers, FL	
Zip	Country	Zip	Country
		33912	USA

1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent BELL, KERRIL E 9230 CLOVE CT FORT MYERS FL 33919		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5855 Elizabeth Ann Way City FT. Myers FL Zip Code 33912	
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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 K.E. Bell DATE 4/8/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, KERRIL E 9230 CLOVE CT FORT MYERS FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5855 Elizabeth Ann Way FT. Myers, FL. 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, BARBARA J 9230 CLOVE CT FORT MYERS FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5855 Elizabeth Ann Way FT. Myers, FL. 33912
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: K.E. Bell, Pres. DATE 4/08/05 239-481-7091

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