2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 28, 2008 08:00 AM DOCUMENT # P99000013580 **Secretary of State** 1. Entity Name K J BELL, INC. Principal Place of Business Mailing Address 510 SOUTH PARROTT AVENUE 510 SOUTH PARROTT AVENUE OKEECHOBEE, FL 34974 OKEECHOBEE, FL 34974 01222008 No Chg-P GR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0893193 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPILLANE, J P CPA DO NOT WRITE 12788 W FOREST HILL BLVD **SUITE 2005** IN THIS SPACE WELLINGTON, FL 33414 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 SIGNATURE_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agant signature required when remetaling) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PST TITLE NAME **BELL, KATHY J** STREET ADDRESS 10368 SE HWY 441 CITY-ST-ZIP OKEECHOBEE, FL 34974 U000000802054 TITI F 02/01/08-80042-020 150 nn BELL, KATHY J NAME STREET ADDRESS 10366 SE HWY 441 OKEECHOBEE, FL 34974 CITY ST ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 of the same legal effect as if made under oath; that I am an officer or director of the corporation or they eceiver 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 of an attactment with an address, with appearing the empowered.

SIGNATURE

NAME STREET ADDRESS CITY ST ZIP

IGNATURE AND TYPED OR PRINTED WAIME OF SIGNING OFFICER OR DIRECTO

122 07 863-763-0611

FILED