


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb. 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000111792**


1. Entity Name  
**DEBORAH J BELL INC.**



Principal Place of Business  
**4502 SANIBEL WAY  
 BRADENTON, FL 34203**

Mailing Address  
**4502 SANIBEL WAY  
 BRADENTON, FL 34203**

**DO NOT WRITE IN THIS SPACE**



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0973052** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BELL, DEBORAH J  
 4502 SANIBEL WAY  
 BRADENTON, FL 34203**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

U00000058940  
 02/20/04-80060-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELL, DEBORAH J 4502 SANIBEL WAY BRADENTON, FL 34203
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Deborah J Bell 2/20/04 941 753 6334  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #