2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # S66992

1. Entity Name

SAVANNAH BELLE, INCORPORATED



FILED May 01, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

4600 124TH STREET WEST CORTEZ, FL 34215

PO BOX 249 CORTEZ, FL 34215

US



CR2E034 (11/05)

Applied For Not Applicable

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-0278728	Applied I Not Appl	
İ	5. Certificate of Status Desired		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELL, DOUGLAS 8708 50TH AVE.W. BRADENTON, FL 34210

DO NOT WRITE IN THIS SPACE

No Chg-P

04282007

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								
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000751600 05/18/07-80105-008 2100,00			
10.	OFFICERS AND DIREC	TORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELL, WALTER T 12115 45TH AVE W CORTEZ, FL							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BELL, CALVIN E 12115 45TH AVE W CORTEZ, FL		DO NOT WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BELL, CARL DOUGLAS 8708 50TH AVE W BRADENTON, FL							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-S1-ZIP								

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941 794 124

Daytime Phone #