2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # J38722

1. Entity Name
KALIJE BELLE, INC.

Principal Place of Business	Mailing Address
4600 46TH AVE PO BOX 276 CORTEZ, FL 34215	4600 46TH AVE PO BOX 276 CORTEZ, FL 34215

04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2819958 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

BELL, DOUGLAS
8708 50 AVE W
BRADENTON, FL 34210

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when resigning) 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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BELL, WALTER T.
STREET ADDRESS	12115 45TH AVE, W
CITY-ST-ZIP	CORTEZ, FL
TITLE	V
NAME	BELL, CALVIN E.
STREET ADDRESS	12115 45TH AVE, W
CITY-ST-ZIP	CORTEZ, FL
TITLE	ST
NAME	BELL, CARL DOUGLAS
STREET ADDRESS	8708 50TH AVE, W.
CITY-ST-ZIP	BRADENTON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/04-80220-017 150.00

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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)(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: Walter Bell pres 4-29-04 9417941249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Walter Bell Date Daytime Phone #