


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # J38734
 1. Entity Name
RACHEL J. BELLE, INC.



Principal Place of Business 4600 46TH AVE PO BOX 276 CORTEZ, FL 34215	Mailing Address 4600 46TH AVE PO BOX 276 CORTEZ, FL 34215
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DO NOT WRITE IN THIS SPACE



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2819951	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BELL, DOUGLAS
 8708 50TH 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 _____ DATE _____
Signature typed or printed name of registrant and title of registrant (NOTE: Registered Agent Signature required when constituting)

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

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P BELL, WALTER T 12115 45 AVE W CORTEZ, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V BELL, CALVIN E 12115 45 AVE W CORTEZ, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST BELL, CARL D. 8708 50 AVE W 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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UD00000150296
 05/03/04-80220-018 150.00

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: Walter Belle **4-29-04 9417941249**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Uolc Daytime Phone #