


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90074 033 ***150.00

DOCUMENT # 665329					
1. Entity Name W.B.B. UTILITIES, INC.					
Principal Place of Business 4116 BAIR AVE. FRUITLAND PARK, FL 34731			Mailing Address 4116 BAIR AVE. FRUITLAND PARK, FL 34731		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1992465	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAIR, RICHARD E. 4116 BAIR AVE. FRUITLAND PARK, FL 34731			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restoring.)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAIR, RICHARD E		NAME		
STREET ADDRESS	4116 BAIR AVE.		STREET ADDRESS		
CITY-ST-ZIP	FRUITLAND PARK, FL		CITY-ST-ZIP	34731	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAIR, MOLLY W		NAME		
STREET ADDRESS	4116 BAIR AVE.		STREET ADDRESS		
CITY-ST-ZIP	FRUITLAND PARK, FL		CITY-ST-ZIP	34731	
TITLE	DAS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAIR, R. STANLEY		NAME		
STREET ADDRESS	04223 BAIR AVENUE		STREET ADDRESS	FRUITLAND PARK, FL	
CITY-ST-ZIP	FRUITLAND APRK, FL		CITY-ST-ZIP	34731	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAIR, VICKI S.		NAME		
STREET ADDRESS	04223 VAIR AVENUE		STREET ADDRESS	FRUITLAND PARK, FL	
CITY-ST-ZIP	FRUITLAND APRK, FL		CITY-ST-ZIP	34731	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARSHALL, NANCY W		NAME		
STREET ADDRESS	4128 BAIR AVE		STREET ADDRESS		
CITY-ST-ZIP	FRUTLAND PARK, FL		CITY-ST-ZIP	34731	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HALL, BEVERLY DIANE		NAME		
STREET ADDRESS	3616 CHELSEA STREET		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP	32803	
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: <i>Vicki S. Bair</i>		VICKI S. BAIR		2/26/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	
				352-787-3445	
				<small>Daytime Phone #</small>	