


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # 665329 1. Entity Name W.B.B. UTILITIES, INC.	
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Principal Place of Business 4116 BAIR AVE. FRUITLAND PARK, FL 34731	Mailing Address 4116 BAIR AVE. FRUITLAND PARK, FL 34731
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DO NOT WRITE IN THIS SPACE



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1992465	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

BAIR, RICHARD E.
4116 BAIR AVE.
FRUITLAND PARK, FL 34731

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

U00000591430
01/19/07-80022-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAIR, RICHARD E 4116 BAIR AVE. FRUITLAND PARK, FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAIR, MOLLY W 4116 BAIR AVE. FRUITLAND PARK, FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS BAIR, R. STANLEY 04223 BAIR AVENUE FRUITLAND PARK, FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAIR, VICKI S. 04223 BAIR AVENUE FRUITLAND PARK, FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARSHALL, NANCY W 4128 BAIR AVE FRUITLAND PARK, FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, BEVERLY DIANE 3816 CHELSEA STREET ORLANDO, FL 32803

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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:  **VICKI S. BAIR** 1/12/07 352-787-3445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #