


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90392 026 ***150.00

DOCUMENT # F01000004227 1. Entity Name BBB SERVICE COMPANY, INC.	
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Principal Place of Business 1800 CENTURY BLVD., SUITE 1105 ATLANTA, GA 30345	Mailing Address 1800 CENTURY BLVD., SUITE 1105 ATLANTA, GA 30345
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24030225



DO NOT WRITE IN THIS SPACE

01212004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-1886789	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

SEEFELD, DEREK
1921 SLONE BLVD
MELBOURNE, FL 32935

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

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 NAME STREET ADDRESS CITY-ST-ZIP	P SEEFELDT, DALE P 1800 CENTURY BLVD., STE 1105 ATLANTA, GA 30345
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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: Derrick Brown Derrick Brown 1/21/04 (404) 320-2015

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