


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 08:00 A
Secretary of State

DOCUMENT # G89264 1. Entity Name BBBS WORDS, INCORPORATED	
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Principal Place of Business 1818 CAESAR WAY S. ST PETERSBURG, FL 33712	Mailing Address 1818 CAESAR WAY S. ST PETERSBURG, FL 33712
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03062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2440562	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 BURKE, DONALD E. 1818 CAESAR WAY SOUTH ST. PETERSBURG, FL 33712

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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 _____ (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, 2007 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	PD BURKE, DONALD E 1818 CAESAR WAY S. SAINT PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD BURKE, PATRICIA M. 1818 CAESAR WAY S. SAINT PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST- ZIP	STD BURKE, ROBERT J. 6110 WHITEWAY DR TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D BURKE, RICHARD E. 309 N GERTRUDA AVE REDONDO BCH, CA
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D BURKE, BARBARA P. 959 STONEWOOD LANE MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D BURKE, WILLIAM J. 1317 SOUNDVIEW TRAIL GULF BREEZE, FL 32561

U00000691007
 04/12/07-80013-017 150.00

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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: *Donald E Burke* April 2, 2007 (927) 867-1576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #