

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G89264

FILED  
Mar 10, 2009  
Secretary of State

Entity Name: BBBS WORDS, INCORPORATED

**Current Principal Place of Business:**

1818 CAESAR WAY S.  
ST PETERSBURG, FL 33712

**New Principal Place of Business:**

**Current Mailing Address:**

1818 CAESAR WAY S.  
ST PETERSBURG, FL 33712

**New Mailing Address:**

FEI Number: 59-2440562      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BURKE, DONALD E.  
1818 CAESAR WAY SOUTH  
ST. PETERSBURG, FL 33712      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BURKE, DONALD E  
Address: 1818 CAESAR WAY S.  
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: VD ( ) Delete  
Name: BURKE, PATRICIA M.,  
Address: 1818 CAESAR WAY S.  
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: STD ( ) Delete  
Name: BURKE, ROBERT J.,  
Address: 6110 WHITEWAY DR  
City-St-Zip: TAMPA, FL 33617

Title: D ( ) Delete  
Name: BURKE, RICHARD E.,  
Address: 309 N GERTRUDA AVE  
City-St-Zip: REDONDO BCH, CA

Title: D ( ) Delete  
Name: BURKE, BARBARA P.,  
Address: 959 STONEWOOD LANE  
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete  
Name: BURKE, WILLIAM J.,  
Address: 1317 SOUNDVIEW TRAIL  
City-St-Zip: GULF BREEZE, FL 32561

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD E. BURKE

Electronic Signature of Signing Officer or Director

PRES

03/10/2009

\_\_\_\_\_ Date