


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000011066  
 1. Entity Name  
 B B & B INVESTMENTS, INC.



Principal Place of Business      Mailing Address  
 1670 N. NOVA ROAD      1670 N. NOVA ROAD  
 DAYTONA BEACH, FL 32117      DAYTONA BEACH, FL 32117

**DO NOT WRITE IN THIS SPACE**



01132005    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-3619482	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  
 BEAZLEY, RICHARD H  
 1670 N. NOVA ROAD  
 DAYTONA BEACH, FL 32117

**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, 2005 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	D BEAZLEY, RICHARD H I 56405 HICKORY RD ASTOR, FL 32102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAZLEY, WANDA M 56405 HICKORY RD ASTOR, FL 32102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAZLEY, RICHARD H II 3790 CARRICK DR. ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAZLEY, CLAYTON E I 1670 N. NOVA RD. DAYTONA BEACH, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

01132005-00000184072  
 01/20/05-80016-003 158.75

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: Clayton E Beazley I (Clayton E. Beazley I)      1/13/05      386-252-4695  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #