


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P0000011066**

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



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/06)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-3619482**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BEAZLEY, RICHARD H**  
**1670 N. NOVA ROAD**  
**DAYTONA BEACH FL 32117**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BEAZLEY, RICHARD H I</b> <input type="checkbox"/> Delete <b>56405 HICKORY RD</b> <b>ASTOR FL 32102</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BEAZLEY, WANDA M</b> <input type="checkbox"/> Delete <b>56405 HICKORY RD</b> <b>ASTOR FL 32102</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BEAZLEY, RICHARD H II</b> <input type="checkbox"/> Delete <b>3790 CARRICK DR.</b> <b>ORMOND BEACH FL 32174</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BEAZLEY, CLAYTON E I</b> <input type="checkbox"/> Delete <b>1670 N. NOVA RD.</b> <b>DAYTONA BEACH FL 32117</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>U00000611456</b> <b>02/02/07-80062-010 150.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Clayton E Beazley I (Clayton E Beazley I)      1/25/2007      386-252-4695  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #