

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000057092

Entity Name: B & B BELTS AND BAGS, INC.

FILED
Feb 05, 2005
Secretary of State

Current Principal Place of Business:

1441 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

1219 AUTUMN STREET
PORT CHARLOTTE, FL 33980

Current Mailing Address:

1219 AUTUMN ST.
PORT CHARLOTTE, FL 33948

New Mailing Address:

1219 AUTUMN ST.
PORT CHARLOTTE, FL 33980

FEI Number: 65-1110522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, CLARA I
1219 AUTUMN ST
PORT CHARLOTTE, FL 33980 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: DP () Delete
Name: DIAZ, CLARA I
Address: 1219 AUTUMN ST.
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: DV () Delete
Name: DIAZ, FRANCISCO J
Address: 1219 AUTUMN ST
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: VP (X) Delete
Name: GARDNER, DARLENE
Address: 16317 CASHMERE AVE
City-St-Zip: PT CHARLOTTE, FL 33954

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLARA I DIAZ

DP

02/05/2005

Electronic Signature of Signing Officer or Director

_____ Date