2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000099261

B & B BOOKKEEPING & INCOME TAX SERVICE, INC.



FILED Apr 27, 2005 08:00 AM. Secretary of State

Principal Place of Business 1711 N 25TH ST SUITE D FORT PIERCE, FL 34947

Mailing Address 1711 N 25TH ST SUITE D FORT PIERCE, FL 34947



DO NOT WRITE IN THIS SPACE

04052005 No Chg-P CR2E034 (10/03)

14-1895612	4.	FEI Number	
		14-1895612	

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent						
	,					
BARNES, BETTY J		1				
1711 N 25TH ST	!	j				
SUITE D	•					

DO NOT WRITE IN THIS SPACE

FORT PIERCE, FL 34947				IN THIS SPACE			
8. The above the obligat	named entity submits this statement for the p ions of registered agent.	urpose of changing its registere	d office or re	egistered agent, or bo	oth, in the State of Fiorida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title i	t applicable. (NOTE, Registered	Agent signature	required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finantification.	cing 🗆	\$5.00 May Be Added to Fees			
10. TITLE	OFFICERS AND DIREC	CTORS					
NAME STREET ADDRESS CITY-ST-ZIP	BARNES, BETTY J 1711 N 25TH ST FORT PIERCE, FL 34947				Un0000334263 04/27/05-80038-008 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARNES, CLIFFORD 1711 N 25TH ST FORT PIERCE, FL 34947						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS GITY-ST-ZIP	,						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filing does not quality 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-05 722-1/61-6-557
Date Dayting Phone #