

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2006 8:00 am
Secretary of State

08-16-2006 90003 044 ***550.00

DOCUMENT # P03000099529

1. Entity Name
B & B ENGINEERING CONSULTANTS, INC.



Principal Place of Business
**706 S 7th St
H. Pierce, FL 34950-834**

Mailing Address
**706 S 7th St
H. Pierce, FL
34950**

40101757



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

07172008 Chg-P CR2E034 (11/15)

4. FEI Number
20-0223332

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**Norm Izquierdo
8622 NE 12th Lane
Okeechobee, FL 34973**

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 **Norm Izquierdo**

Signature, typed or printed name of registered agent and title is acceptable.

(NOTE: Registered Agent signature required when resigning)

8-10-06

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2006**

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	PD BERMUDEZ, OSCAR M 2431 SE DIXIE HIGHWAY STUART, FL 34996 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERMUDEZ, OSCAR G 2431 SE DIXIE HWY STUART, FL 34996 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

8-10-08

DATE

863-634-1873

Daytime F 10:15