

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000046667

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: ED BEBB, INC.

**Current Principal Place of Business:**

1034 EAST MAIN STREET  
LAKELAND, FL 33801 US

**New Principal Place of Business:**

**Current Mailing Address:**

1034 EAST MAIN STREET  
LAKELAND, FL 33801 US

**New Mailing Address:**

FEI Number: 59-3189962      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SAUNDERS, THOMAS C  
480 SOUTH BROADWAY AVENUE  
BARTOW, FL 33830 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: BEBB, ED  
Address: 6003 WATERWOOD TRAIL  
City-St-Zip: BARTOW, FL 33830 US

Title: DV ( ) Delete  
Name: BEBB, LAURA  
Address: 6003 WATERWOOD TRAIL  
City-St-Zip: BARTOW, FL 33830 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 exemption stated 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 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: LAURA BEBB

DV

03/25/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date