


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90027 012 \*\*\*150.00

DOCUMENT # P95000057907		
1. Entity Name B & B BOOKS, INC.*		

Principal Place of Business 2886 TAMIAMI TR. STE 5 PT CHARLOTTE FL 33952	Mailing Address 670 SPRING LAKE BLVD. PT. CHARLOTTE FL 33952
-----------------------------------------------------------------------------------	--------------------------------------------------------------------

2. Principal Place of Business 23 BLVD. MOTIF - SUITE 303-4 SUITE - 303 - EAST END	3. Mailing Address 670 SPRING LAKE BLVD.
------------------------------------------------------------------------------------------	---------------------------------------------

City & State BROWNSBURG, IN	City & State PT. CHARLOTTE, FL	4. FEI Number 65-0612480	Applied For Not Applicable
Zip 46112	Country USA	Zip 33952	Country USA



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent YOUNT, WILLIAM A 670 SPRING LAKE BLVD PT CHARLOTTE FL 33952		7. Name and Address of New Registered Agent Name YOUNT, BARBARA L. Street Address (P.O. Box Number is Not Acceptable) 670 SPRING LAKE BLVD. PT. CHARLOTTE City FL Zip Code 33952	
----------------------------------------------------------------------------------------------------------------------	--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

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 Barbara L. Yount DATE 3-20-05  
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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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	P YOUNT, WILLIAM A 670 SPRINGLAKE BLVD. PT. CHARLOTTE FL 33952 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS YOUNT, BARBARA L 670 SPRINGLAKE BLVD. PT. CHARLOTTE FL 33952 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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	Deceased - 9-22-04 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BARBARA L. YOUNT 670 SPRING LAKE BLVD. PT. CHARLOTTE, FL 33952 <input checked="" 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
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 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: Barbara L. Yount DATE 3-20-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #