


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000074180 1. Entity Name B B & B MANAGEMENT GROUP, INC.					
Principal Place of Business 1531 E COMMERCIAL BLVD FT LAUDERDALE FL 33334 US		Mailing Address 3566 COCO LAKE DR. COCONUT CREEK FL 33073 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 58-2206957				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MINTON, MICHAEL D 1903 S 25TH ST FT PIERCE FL 34947			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)</small>					
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 \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATKINS, DERBY H		NAME		
STREET ADDRESS	3232 WELLINGTON RD		STREET ADDRESS		
CITY - ST - ZIP	ALEXANDRIA VA 22302		CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTINUZZI, DARLENE A		NAME		
STREET ADDRESS	3566 COCO LAKE DR		STREET ADDRESS		
CITY - ST - ZIP	COCONUT CREEK FL 33073		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOLSON, SUSAN R		NAME		
STREET ADDRESS	5630 NE 18TH AVE, #307		STREET ADDRESS		
CITY - ST - ZIP	FT LAUDERDALE FL 33334		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRISP, CAROLYN		NAME		
STREET ADDRESS	3566 COCO LAKE DR		STREET ADDRESS		
CITY - ST - ZIP	COCONUT CREEK FL 33073		CITY - ST - ZIP		
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CITY - ST - ZIP			CITY - ST - ZIP		



1st MOORE CR2E034 (10/04)

4. FEI Number **58-2206957** Applied For Not Applicable

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

**MINTON, MICHAEL D
1903 S 25TH ST
FT PIERCE FL 34947**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Michael Minton* **PRESIDENT** **4/15/05** **954 202 0919**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #