


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # P99000077216
 1. Entity Name
B & B EQUIPMENT CO., INC.



Principal Place of Business Mailing Address
3900 NARCISSUS AVE **3900 NARCISSUS AVE**
SANFORD, FL 32771 **SANFORD, FL 32771**

DO NOT WRITE IN THIS SPACE



02282007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-3597219 Not Applicable

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

6. Name and Address of Current Registered Agent
BEHRENS, WARD
306 W. LAKEVIEW AVE.
LAKE MARY, FL 32746

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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 _____
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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BEHRENS, GERALD
STREET ADDRESS	306 W. LAKEVIEW AVE.
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	D
NAME	BEHRENS, WARD
STREET ADDRESS	109 KAYWOOD DR.
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	D
NAME	BEHRENS, CLAUDETTE W
STREET ADDRESS	306 W. LAKEVIEW AVE.
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000663176
 03/21/07-80043-015 150.00

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: Ward Behrens 3/9/07 407-688-9480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #