

2004 FOR PROFIT CORPORATION- ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90072 030 ***150.00

DOCUMENT # G89264

1. Entity Name

BBBS WORDS, INCORPORATED



Principal Place of Business

1818 CAESAR WAY S.
ST PETERSBURG FL 33712

Mailing Address -

1818 CAESAR WAY S.
ST PETERSBURG FL 33712

14002671



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2440562

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURKE, DONALD E.
1818 CAESAR WAY SOUTH
ST. PETERSBURG FL 33712

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 PD ☐ Delete
NAME BURKE, DONALD E.
STREET ADDRESS 1818 CAESAR WAY S.
CITY-ST-ZIP ST PETERSBURG FL 33712

TITLE VD ☐ Delete
NAME BURKE, PATRICIA M.
STREET ADDRESS 1818 CAESAR WAY S.
CITY-ST-ZIP ST PETERSBURG FL 33712

TITLE STD ☐ Delete
NAME BURKE, ROBERT J.
STREET ADDRESS 6110 WHITEWAY DR
CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE D ☐ Delete
NAME BURKE, RICHARD E.
STREET ADDRESS 309 N GERTRUDA AVE
CITY-ST-ZIP REDONDO BCH CA 90277

TITLE D ☐ Delete
NAME BURKE, BARBARA P.
STREET ADDRESS 959 STONEWOOD LANE
CITY-ST-ZIP MAITLAND FL 32751

TITLE D ☐ Delete
NAME BURKE, WILLIAM J.
STREET ADDRESS 1317 SOUNDVIEW TRAIL
CITY-ST-ZIP GULF BREEZE FL 32561

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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)(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: *Donald E Burke* DONALD E BURKE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727 967 1576
April 8 2004