2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # G89264

1. Entity Name
BBBS WORDS, INCORPORATED

Principal Place of Business	Mailing Address
1818 CAESAR WAY S. ST PETERSBURG, FL 33712	1818 CAESAR WAY S. ST PETERSBURG, FL 33712

DO NOT WRITE IN THIS SPACE

03292005 No Chg-P CR2E034 (10/03)

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

DO NOT WRITE IN THIS SPACE

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, 2005 Fee will be $550.00

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

U00000286810
04/04/05-80039-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BURKE, DONALD E
STREET ADDRESS	1818 CAESAR WAY S.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712
TITLE	VD
NAME	BURKE, PATRICIA M.
STREET ADDRESS	1818 CAESAR WAY S.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712
TITLE	STD
NAME	BURKE, ROBERT J.
STREET ADDRESS	6110 WHITEWAY DR
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	D
NAME	BURKE, RICHARD E.
STREET ADDRESS	309 N GERTRUDA AVE
CITY-ST-ZIP	REDONDO BCH, CA
TITLE	D
NAME	BURKE, BARBARA P.
STREET ADDRESS	959 STONEWOOD LANE
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	D
NAME	BURKE, WILLIAM J.
STREET ADDRESS	1317 SOUNDVIEW TRAIL
CITY-ST-ZIP	GULF BREEZE, FL 32561

DO NOT WRITE IN THIS SPACE

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 29 MARCH, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

727 867 1516