

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 150616

FILED  
Feb 28, 2005  
Secretary of State

Entity Name: B & B INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

220 SO. RIDGEWOOD AVE.  
P O DRAWER 2412  
DAYTONA BEACH, FL 32115 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1348  
TAMPA, FL 33601 US

**New Mailing Address:**

FEI Number: 59-0691921      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRAMMIG, LAUREL L  
401 E. JACKSON STREET, STE 1700  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BROWN, J. HYATT  
Address: 220 S. RIDGEWOOD AVENUE  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VPD ( ) Delete  
Name: HENDERSON, JIM  
Address: 220 S. RIDGEWOOD AVENUE  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VPS ( ) Delete  
Name: GRAMMIG, LAUREL L  
Address: 401 E. JACKSON ST. STE 1700  
City-St-Zip: TAMPA, FL 33602

Title: T ( ) Delete  
Name: WALKER, CORY T  
Address: 220 S. RIDGEWOOD AVENUE  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VP ( ) Delete  
Name: BOONE, SAM  
Address: 5728 MAJOR BLVD. STE 450  
City-St-Zip: ORLANDO, FL 32819

Title: VPAS ( ) Delete  
Name: DONEGAN, THOMAS M  
Address: 401 E. JACKSON ST., STE. 1700  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAUREL L. GRAMMIG

Electronic Signature of Signing Officer or Director

VPS

02/28/2005

Date