2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED **DOCUMENT # 407534** Apr 27, 2006 08:00 AN Secretary of State 1. Entity Name SANTA ROSA BBFH, INC Principal Place of Business Mailing Address 1937 SEVILLA BLVD W ATLANTIC BCH FL 32233 1937 SEVILLA BLVD W ATLANTIC BCH FL 32233 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-1515935 Not Applicab Ζø Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BULL, GOERGE JR** Street Address (P.O. Box Number is Not Acceptable) 1937 SEVILLA BLVD W ATLANTIC BCH FL 32233 City Zip Code 8. The above 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 obliga SIGNATU (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HELE PD ☐ Delete BILE Change Addition BULL, GEORGE JR. NAME NAME STREET ADDRESS 1937 SEVILLA BLVD W STREET ADDRESS U00000537813 05/09/06-80033-016 150.00 CITY-ST-ZIP ATLANTIC BCH FL COY-ST-ZIP TITLE ☐ Defete ☐ Change Ajdiji NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-782 TITLE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS GRY-ST-ZIP CITY-ST-ZIP TREE Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS City-St-78P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ation supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information elemental 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 for a trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 12. I hereby certify that the in indicated on this report of the corporation or th if changed, or on an a

Daytime Phone #