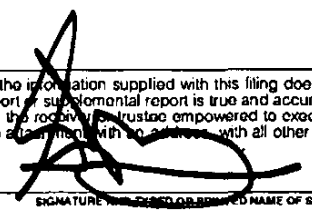


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-05-2007 90146 006 ***150.00

DOCUMENT # 407534					
1. Entity Name SANTA ROSA BBFH, INC					
Principal Place of Business 1937 SEVILLA BLVD W ATLANTIC BCH FL 32233			Mailing Address 1937 SEVILLA BLVD W ATLANTIC BCH FL 32233		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1515935	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BULL, GOERGE JR 1937 SEVILLA BLVD W ATLANTIC BCH FL 32233			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	NAME	STREET ADDRESS	CITY - ST - ZIP		
	PD BULL, GEORGE JR.	1937 SEVILLA BLVD W	ATLANTIC BCH FL	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP		
				☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP		
				☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP		
				☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP		
				☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP		
				☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 				PRESIDENT	
Date: 4/19/07				Daytime Phone: 904.246.4469	