

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 450286

1. Entity Name
EBB ENTERPRISES, INC.



Principal Place of Business
8568 SAN JOSE BLVD.
JACKSONVILLE, FL 32217-4201

Mailing Address
8568 SAN JOSE BLVD.
JACKSONVILLE, FL 32217-4201

FILED
Feb 11, 2008 08:00 AM
Secretary of State



02052008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1517864

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TIPPIN, ATTY MARK E
901 BLACKSTONE BLDGMARK
233 E BAY S
JACKSONVILLE, FL 32202

**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

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BARD, EDWIN J.
STREET ADDRESS	8568 SAN JOSE BLVD
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	D
NAME	BARD, BARBARA, J.
STREET ADDRESS	8568 SAN JOSE BLVD
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	D
NAME	BARD, BRIAN
STREET ADDRESS	8568 SAN JOSE BLVD
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #