

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90142 033 ***150.00

DOCUMENT # 454514

1. Entity Name

B & B FISHERIES, INCORPORATED



Principal Place of Business

**715 E INTERANTIONA SPEEDWAY BLVD
DAYTONA BCH FL 32118
US**

Mailing Address

**715 E INTERNATIONAL SPEEDWAY BLVD
DAYTONA BCH FL 32118
US**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 251064

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

City & State

HOLLY HILL, FL

4. FEI Number

59-1537797

Applied For

Not Applicable

Zip

Country

Zip

32125-1064

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FLIPPO, RAYMOND C
715 E. INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH FL 32118**

7. Name and Address of New Registered Agent

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

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, 2005 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 PD ☐ Delete
NAME FLIPPO, RAYMOND C
STREET ADDRESS 604 DORIS PLACE
CITY-ST-ZIP DAYTONA BEACH FL 32119

TITLE DVP ☐ Delete
NAME FLIPPO, STUART J
STREET ADDRESS 1217 MARGINA AVENUE
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE DST ☐ Delete
NAME FLIPPO, MARGARET A
STREET ADDRESS 1518 CORDOVA AVE
CITY-ST-ZIP HOLLY HILL FL 32117

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Margaret A. Flippo, MARGARET A. FLIPPO**

4-6-05

(386) 252-6542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #