


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90398 040 ***150.00

DOCUMENT # 467693	
1. Entity Name B & B OFFICE EQUIPMENT, INC.	

Principal Place of Business 217 E. NEW HAVEN AVE. MELBOURNE, FL 32901 US	Mailing Address 715 NORTH DRIVE SUITE M MELBOURNE, FL 32934
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 217 E. NewHaven Ave. Suite, Apt. #, etc.
City & State	City & State Melbourne, Florida
Zip 32901	Country USA



03242004 Chg-P CR2E034 (10/03)

4. FEI Number 59-1575092	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VIESINS, ROBERT L 224 2ND AVENUE INDIALANTIC, FL 32903	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete VIESINS, ROBERT L 224 2ND AVENUE INDIALANTIC, FL 32903	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	<input type="checkbox"/> Delete VIESINS, RONALD E 419 3RD AVENUE INDIALANTIC, FL 32903	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VP Viesins, Ronald E. 223 Second Avenue Indialantic, FL 32903
TITLE S	<input type="checkbox"/> Delete VIESINS, WALTER V 2610 HWY A1A NORTH INDIALANTIC, FL 32903	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:  **3-25-04 321-723-9298**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #