


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 467693</b> 1. Entity Name <b>B &amp; B OFFICE EQUIPMENT, INC.</b>	
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Principal Place of Business <b>217 E. NEW HAVEN AVE. MELBOURNE, FL 32901 US</b>	Mailing Address <b>217 E NEW HAVEN AVE. MELBOURNE, FL 32901</b>
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**DO NOT WRITE IN THIS SPACE**



03092006 No Chg-P CRZE034 (11/05)

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

6. Name and Address of Current Registered Agent  <b>VIESINS, ROBERT L 224 2ND AVENUE INDIALANTIC, FL 32903</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P VIESINS, ROBERT L 224 2ND AVENUE INDIALANTIC, FL 32903</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP VIESINS, RONALD E 223 SECOND AVE. INDIALANTIC, FL 32903</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S VIESINS, WALTER V 2610 HWY A1A NORTH INDIALANTIC, FL 32903</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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100000463637  
03/21/06-80083-020 150.00

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:** \_\_\_\_\_ **3/10/06 321-723-9292**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #