

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2007 08:00 A**  
**Secretary of State**

**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  
**217 E NEW HAVEN AVE.  
MELBOURNE, FL 32901**



02092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

**VIESINS, ROBERT L  
224 2ND AVENUE  
INDIALANTIC, FL 32903**

**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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	VIESINS, ROBERT L
STREET ADDRESS	224 2ND AVENUE
CITY-ST-ZIP	INDIALANTIC, FL 32903

TITLE	VP
NAME	VIESINS, RONALD E
STREET ADDRESS	223 SECOND AVE.
CITY-ST-ZIP	INDIALANTIC, FL 32903

TITLE	S
NAME	VIESINS, WALTER V
STREET ADDRESS	2610 HWY A1A NORTH
CITY-ST-ZIP	INDIALANTIC, FL 32903

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000640283  
02/28/07-80060-001 150.00

**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

**2/05/07**  
Date

**321-223-9292**  
Daytime Phone #