

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 665329**

1. Entity Name  
W.B.B. UTILITIES, INC.



Principal Place of Business  
4116 BAIR AVE.  
FRUITLAND PARK, FL 34731

Mailing Address  
4116 BAIR AVE.  
FRUITLAND PARK, FL 34731



01122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1992465

Applied For  
Not Applicable

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

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

BAIR, RICHARD E.  
4116 BAIR AVE.  
FRUITLAND PARK, FL 34731

**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**

000000591430  
01/19/07-80022-020 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BAIR, RICHARD E  
STREET ADDRESS 4116 BAIR AVE.  
CITY-ST-ZIP FRUITLAND PARK, FL 34731

TITLE SD  
NAME BAIR, MOLLY W  
STREET ADDRESS 4116 BAIR AVE.  
CITY-ST-ZIP FRUITLAND PARK, FL 34731

TITLE DAS  
NAME BAIR, R. STANLEY  
STREET ADDRESS 04223 BAIR AVENUE  
CITY-ST-ZIP FRUITLAND PARK, FL 34731

TITLE TD  
NAME BAIR, VICKI S.  
STREET ADDRESS 04223 BAIR AVENUE  
CITY-ST-ZIP FRUITLAND PARK, FL 34731

TITLE VD  
NAME MARSHALL, NANCY W  
STREET ADDRESS 4128 BAIR AVE  
CITY-ST-ZIP FRUITLAND PARK, FL 34731

TITLE D  
NAME HALL, BEVERLY DIANE  
STREET ADDRESS 3816 CHELSEA STREET  
CITY-ST-ZIP ORLANDO, FL 32803

**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:** \_\_\_\_\_

VICKI S. BAIR

1/12/07

352-787-3445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #