

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 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



01142008 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 <input type="checkbox"/> \$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, 2008 Fee will be \$550.00**

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

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	3616 CHELSEA STREET
CITY-ST-ZIP	ORLANDO, FL 32803

000000793396
01/25/08-80007-010 150.00

**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:

Richard E. Bair Treas. *Vicki S. Bair*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/08
Date

352-787-3445
Daytime Phone #

EXT 23