

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000197

FILED
Feb 24, 2010
Secretary of State

Entity Name: B & B MEDICAL SERVICES INC.

Current Principal Place of Business:

3899 NORTH W STREET
#43
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

2236 N.W. 10TH AVE.
SUITE 103
OKLAHOMA CITY, FL 73107

New Mailing Address:

FEI Number: 73-0998860 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ESPEY, WILLIAM
3899 N.W. ST #43
PENSACOLA, FL 32505 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CHRM
Name: LONG, WILLIAM H
Address: 2236 N.W. 10TH AVE. SUITE 103
City-St-Zip: OKLAHOMA CITY, FL 73107

Title: P
Name: LONG, WILLIAM H
Address: 2236 N.W. 10TH AVE. SUITE 103
City-St-Zip: OKLAHOMA CITY, FL 73107

Title: V
Name: ESPEY, WILLIAM
Address: 2236 N.W. 10TH AVE. SUITE 103
City-St-Zip: OKLAHOMA CITY, FL 73107

Title: S
Name: WILKERSON, STEVE
Address: 17630 WHITE OAK
City-St-Zip: CHOCTAW, OK 73020

Title: D
Name: HOLT, JOHN
Address: 76 MURRY DR.
City-St-Zip: NEWALLA, OK 74857

Title: D
Name: WILKERSON, STEVE
Address: 2236 NW 10TH STE 103
City-St-Zip: OKLAHOMA CITY, OK 73107

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM ESPEY

V

02/24/2010

Electronic Signature of Signing Officer or Director

_____ Date