

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # F36399 1. Entity Name B & B AUTO BODY WORKS, INC.	
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Principal Place of Business 1036 NO SWINDELL AVENUE LAKELAND FL 33805	Mailing Address 1036 NO SWINDELL AVENUE LAKELAND FL 33805
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent BRYANT, RUTH 1036 N SWINDELL AVE LAKELAND FL 33805	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ DATE _____
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when not signing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ☐ Delete BRYANT, RUTH 1725 NO GALLOWAY RD LAKELAND, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete BRYANT, DENNIS 1701 GALLOWAY RD LAKELAND, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete JOHNSON, TONY 8510 GIBOON OAKS DR LAKELAND FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Dennis Bryant* **Dennis Bryant** 1-23-08 863-686-4830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR