

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90034 048 \*\*\*150.00

**DOCUMENT # G67310**

1. Entity Name

**B & B CONSTRUCTION COMPANY OF FLAGLER, INC.**



Principal Place of Business

200 A NORTH MAIN STREET  
P.O. BOX 297  
BUNNELL FL 32110

Mailing Address

200 A NORTH MAIN STREET  
P.O. BOX 297  
BUNNELL FL 32110



2. Principal Place of Business - No P.O. Box #

**9976 County Road 304**

3. Mailing Address

**P.O. Box 297**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

**BUNNELL, Florida**

City & State

**BUNNELL, Florida**

4. FEI Number

**59-2332876**

Applied For

Not Applicable

Zip

**32110**

Country

**Flagler**

Zip

**32110**

Country

**Flagler**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SIZEMORE, ROBERT E.  
9976 COUNTY ROAD 304  
BUNNELL FL 32110**

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

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when nominating)

DATE

**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	DP	<input type="checkbox"/> Delete
NAME	SIZEMORE, ROBERT E	
STREET ADDRESS	9976 COUNTY ROAD 304	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SIZEMORE, GLORIA CELESTI	
STREET ADDRESS	9976 COUNTY ROAD 304	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

**Robert E Sizemore**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN 29-08 386 437-3827**

Date

Document Number