

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2007 08:00 A
Secretary of State

DOCUMENT # G89264

1. Entity Name
BBBS WORDS, INCORPORATED



Principal Place of Business

1818 CAESAR WAY S.
ST PETERSBURG, FL 33712

Mailing Address

1818 CAESAR WAY S.
ST PETERSBURG, FL 33712



03062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2440562

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BURKE, DONALD E.
1818 CAESAR WAY SOUTH
ST. PETERSBURG, FL 33712

**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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BURKE, DONALD E
1818 CAESAR WAY S.
SAINT PETERSBURG, FL 33712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BURKE, PATRICIA M.
1818 CAESAR WAY S.
SAINT PETERSBURG, FL 33712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
BURKE, ROBERT J.
6110 WHITEWAY DR
TAMPA, FL 33617

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BURKE, RICHARD E.
309 N GERTRUDA AVE
REDONDO BCH, CA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BURKE, BARBARA P.
959 STONEWOOD LANE
MAITLAND, FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BURKE, WILLIAM J.
1317 SOUNDVIEW TRAIL
GULF BREEZE, FL 32561

U00000691007
04/12/07-80013-017 150.00

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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: *Donald E Burke* *Donald E Burke* April 2, 2007 (727) 867-1576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #