

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 AM
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**



03062008 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, 2008 Fee will be \$550.00**

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

**U000000901627
04/29/08-80077-022 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BURKE, DONALD E
STREET ADDRESS	1818 CAESAR WAY S.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712
TITLE	VD
NAME	BURKE, PATRICIA M.
STREET ADDRESS	1818 CAESAR WAY S.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712
TITLE	STD
NAME	BURKE, ROBERT J.
STREET ADDRESS	6110 WHITEWAY DR
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	D
NAME	BURKE, RICHARD E.
STREET ADDRESS	309 N GERTRUDA AVE
CITY-ST-ZIP	REDONDO BCH, CA
TITLE	D
NAME	BURKE, BARBARA P.
STREET ADDRESS	959 STONEWOOD LANE
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	D
NAME	BURKE, WILLIAM J.
STREET ADDRESS	1317 SOUNDVIEW TRAIL
CITY-ST-ZIP	GULF BREEZE, FL 32561

**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:

Donald E. Burke **DONALD E. BURKE** **14 April 2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727) 867-1576