

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K53838

1. Entity Name
B & B SPORTING GOODS, INC.



Principal Place of Business
1139 E TENNESSEE ST
TALLAHASSEE, FL 32308 US

Mailing Address
1139 E TENNESSEE ST
TALLAHASSEE, FL 32308 US

FILED

2008 MAY - 1 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2925834	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DYE, JIMMY
404 EAST 6TH AVENUE
TALLAHASSEE, FL 32303

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ASHCROFT, FRANK 2314 ELLICOTT DR TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ASHCROFT, ANNE C 2314 ELLICOTT DR TALLAHASSEE, FL
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05/14/08--01004--016 **150.00

**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08 850-224-6600
Date Daytime Phone #

FRANK ASHCROFT