

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90038 024 ***150.00

DOCUMENT # K75725

1. Entity Name

3B & 2D CORP.



Principal Place of Business

7071 58TH ST
PINELLAS PARK FL 33781
US

Mailing Address

C/O BONNIE L. SEYMOUR
6509 33RD AVENUE NO.
ST. PETERSBURG FL 33710

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2950284**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEYMOUR, BONNIE LOU
6509 33RD AVE N
ST. PETERSBURG FL 33710

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

Bonnie Lou Seymour

Signature, typed or printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when reinstating)

1/19/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS SEYMOUR, BONNIE LOU
CITY-ST-ZIP 6509 33RD AVE. N.
ST PETERSBURG FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VP
STREET ADDRESS RUSSELL, BARBARA JO
CITY-ST-ZIP 3715 WINDBER BLVD.
PALM HARBOR FL 34685

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME S
STREET ADDRESS TRIBIANO, DARA
CITY-ST-ZIP 3351 BORDER RD.
VENICE FL 34292

TITLE ☒ Change ☐ Addition
NAME *9428 133rd St. No*
STREET ADDRESS *Seminole, Fl 33776*
CITY-ST-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS KING, DEBBIE
CITY-ST-ZIP 1143 MEYERS RD
VENICE FL

TITLE ☒ Change ☐ Addition
NAME *651 So. Indiana Ave*
STREET ADDRESS *Englewood, Fl 34223*
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Bonnie Lou Seymour Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bonnie Lou Seymour

1/19/2005

Date

727-544-1313

Daytime Phone #