## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # K75725** 

1. Entity Name 3B & 2D CORP.



FILED Jan 06, 2006 08:00 AM Secretary of State

Principal Place of Business

7071 58TH ST

PINELLAS PARK, FL 33781

IIS

Mailing Address

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



DO NOT WRITE IN THIS SPACE

01042006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 59-2950284 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

## DO NOT WRITE IN THIS SPACE

01,1212		,		IN	IHIS SPACE
<ol> <li>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. 1 am familiar with, and accept the obligations of registered agent.</li> </ol>					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when refinitating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	oing 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEYMOUR, BONNIE LOU 6509 33RD AVE. N. ST PETERSBURG, FL				
TITLE NAME STREET ADDRESS GITY-ST-ZIP	VP RUSSELL, BARBARA JO 3715 WINDBER BLVD. PALM HARBOR, FL 34685		- - -		U00000378608 01/09/06-80015-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRIBIANO, DARA 9428 133ND STREET NORTH SEMINOLE, FL 33776			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY+ST-ZIP	T KING, DEBBIE 661 SOUTH INDIANA AVENUE ENGLEWOOD, FL 34223			IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					•

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 an other like empowered.

SIGNATURE: 🔬

SIGNATURE AND TYPED OR PRINTED PANIE OF SIGNING OFFICER OR DIRECTOR

26 727-544-1313