

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

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**



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2950284	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

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

**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	P
NAME	SEYMOUR, BONNIE LOU
STREET ADDRESS	6509 33RD AVE. N.
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	VP
NAME	RUSSELL, BARBARA JO
STREET ADDRESS	3715 WINDBER BLVD.
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	S
NAME	TRIBIANO, DARA
STREET ADDRESS	9428 133ND STREET NORTH
CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	T
NAME	KING, DEBBIE
STREET ADDRESS	651 SOUTH INDIANA AVENUE
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/09/07-80024-023 150.00

**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: _____

Bonnie L. Seymour, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BONNIE L. SEYMOUR

1/5/2007
Date

727-544-1313
Daytime Phone #