

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K95577

FILED
Mar 10, 2004
Secretary of State

Entity Name: B & B ENTERPRISES OF NICEVILLE, INC.

Current Principal Place of Business:

168 JOHN C CALHOUN
P.O. BOX 1472
ORANGEBURG, SC 291168472 US

Current Mailing Address:

P.O. BOX 1472
P.O. BOX 1472
ORANGEBURG, SC 291168472 US

New Principal Place of Business:

813 EDISTO AVE.
P.O. BOX 1472
ORANGEBURG, SC 291161472 US

New Mailing Address:

P.O. BOX 1472
P.O. BOX 1472
ORANGEBURG, SC 291161472 US

FEI Number: 57-0896561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KESSLER, SIEGFRIED
102 BAYSHORE DRIVE
NICEVILLE, FL 32578

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BEEMER, JAMES E.,
Address: 1579 BILTMORE
City-St-Zip: ORANGEBURG, SC

Title: V () Delete
Name: BURKE, BONNYE F.,
Address: 217 FARTHING ROAD
City-St-Zip: PAWLEYS ISLAND, SC 29585

Title: S () Delete
Name: BEEMER, LAJEAN F.,
Address: 1579 BILTMORE
City-St-Zip: ORANGEBURG, SC

Title: T () Delete
Name: BURKE, T. WILLIAM,
Address: 217 FARTHING ROAD
City-St-Zip: PAWLEYS ISLAND, SC 29585

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BEEMER, JAMES E.,
Address: 813 EDISTO AVE
City-St-Zip: ORANGEBURG, SC

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: BEEMER, LAJEAN F.,
Address: 813 EDISTO AVE
City-St-Zip: ORANGEBURG, SC

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: T. WILLIAM BURKE

T

03/10/2004

Electronic Signature of Signing Officer or Director

Date