

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K95577

FILED
Feb 05, 2009
Secretary of State

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

Current Principal Place of Business:

2601 RIVERBANK DRIVE
ORANGEBURG, SC 29115 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1472
ORANGEBURG, SC 291161472 US

New Mailing Address:

FEI Number: 57-0896561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABRAMS, REBECCA L MS
201 ALHAMBRA CIRCLE
SUITE 201
CORAL GABLES, FL 33134 US

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: 2601 RIVERBANK DR
City-St-Zip: ORANGEBURG, SC 29115

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: 2601 RIVERBANK DRIVE
City-St-Zip: ORANGEBURG, SC 29115

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

02/05/2009

Electronic Signature of Signing Officer or Director

Date