


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000068079</b> 1. Entity Name B & B WIRELESS OUTLET, INC.	
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Principal Place of Business 6795 S. US 1, WEG PLAZA PORT ST LUCIE, FL 34952 US	Mailing Address 6795 S. US 1, WEG PLAZA PORT ST LUCIE, FL 34952 US
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01112006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1029893 } Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

ANDERSON, WILLIAM  
978 SOUTHEAST BAYFRONT AVENUE  
PORT SAINT LUCIE, FL 34983

**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 WILLIAM ANDERSON, Pres. & William Anderson 1-11-06  
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, 2006 Fee will be \$550.00**

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

000000389075  
01/20/06-80027-024 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ANDERSON, WILLIAM T 978 SE BAYFRONT AVENUE PORT SAINT LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ANDERSON, BARBARA 978 SE BAYFRONT AVENUE PORT SAINT LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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: William Anderson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-06 772-489-4266