2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000093334

1. Entity Name

B&C OF NEW SMYRNA, INC.



Principal Place of Business

2700 N. PENINSULA AVE NO. 512

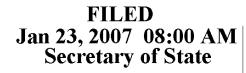
NEW SMYRNA BEACH, FL 32169

Mailing Address

2700 N. PENINSULA AVE

NO. 512

NEW SMYRNA BEACH, FL 32169





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DO NOT WRITE IN THIS SPACE

01122007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3679359

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, MARK R ESQ. 124 FAULKNER ST. NEW SMYRNA BEACH, FL 32168

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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

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

OFFICERS AND DIRECTORS 10. TITLE D HESSON, BEVERLY J NAME STREET ADDRESS 2700 N. PENINSULA AVE #512 CITY - ST - ZIP NEW SMYRNA BEACH, FL 32169 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

000000599061 01/25/07-80011-023 150.00

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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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTO

1-19-0

4267217

Date

Daytime Phone #