

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P0100Q027099**

1. Entity Name  
BBB OF GAINESVILLE, INC.



Principal Place of Business  
3700 NW 91ST ST.  
GAINESVILLE, FL 32606

Mailing Address  
1700 MALVERN AVE.  
HOT SPRINGS NATIONAL, AR 71901



04102004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
71-0853919

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

BARNES, JAMES  
3700 NW 91ST ST.  
GAINESVILLE, FL 32606

**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]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*4-20-04*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000154935  
05/05/04-80017-014 150.00

## 10. OFFICERS AND DIRECTORS

TITLE P  
NAME BARNES, JAMES  
STREET ADDRESS 959 WESTINGHOUSE DR.  
CITY-ST-ZIP HOT SPRINGS NATIONAL, AR 71901

TITLE S  
NAME BARNES, TERRY  
STREET ADDRESS 959 WESTINGHOUSE DR.  
CITY-ST-ZIP HOT SPRINGS NATIONAL, AR 71901

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

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/20/04*

*SDI 821-5699*

Date

Daytime Phone #