

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90047 045 ***150.00

DOCUMENT # P01000027099

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**

50030505



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
71-0853919

Applied For

Not Applicable

Zip

Country

Zip

Country

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Barnes, James**
STREET ADDRESS **#10 Bretagne Circle**
CITY-ST-ZIP **Little Rock, AR 72223**

TITLE **VP/T/S** ☒ Change ☐ Addition
NAME **Barnes, Terry**
STREET ADDRESS **#10 Bretagne Circle**
CITY-ST-ZIP **Little Rock, AR 72223**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

3/14/2005

Date

501-821-5699

Daytime Phone #