


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000032041 1. Entity Name THREE B'S SYSTEMS, INC.	
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Principal Place of Business 10173 N SUNCOAST BLVD STE 86 CRYSTAL RIVER, FL 34428	Mailing Address PO BOX 1205 CRYSTAL RIVER, FL 34423
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DO NOT WRITE IN THIS SPACE



02242008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3708004	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCGUIRE, ROBERT L 10173 N SUNCOAST BLVD CRYSTAL RIVER, FL 34428

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000878520 04/14/08-80057-016 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGUIRE, ROBERT L POST OFFICE BOX 1205 CRYSTAL RIVER, FL 34423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD MCGUIRE, SHIRLEY A POST OFFICE BOX 1205 CRYSTAL RIVER, FL 34423
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <i>Robert L. McGuire</i> Robert L. McGuire 4-1-08 352-228-7157
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>