

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000114263

1. Entity Name  
B & B MARKETING AND DISTRIBUTING, INC.



Principal Place of Business  
4723 WEST ATLANTIC AVE  
SUITE A-20  
DELRAY BEACH, FL 33445

Mailing Address  
4723 WEST ATLANTIC AVE  
SUITE A-20  
DELRAY BEACH, FL 33445

2. Principal Place of Business  
2020 NW 3rd AVE

3. Mailing Address  
2020 NW 3rd AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
DELRAY BEACH FL

City & State  
DELRAY BEACH FL

Zip  
33444

Zip  
33444

Country

4. FEI Number  
65-1157175

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROW, B LOREN  
915 HIBISCUS LANE  
DELRAY BEACH, FL 33444

Name  
Street Address (P.O. Box Number is Not Acceptable)  
2020 NW 3rd AVE

City  
DELRAY BEACH FL Zip Code  
33444

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 re-registering)

DATE

**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

10. OFFICERS AND DIRECTORS

TITLE PS  Delete  
NAME BROW, B LOREN  
STREET ADDRESS 915 HIBISCUS LANE  
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE VT  Delete  
NAME BROW, LOREN E  
STREET ADDRESS 619 WIGGIN RD  
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2020 NW 3rd AVE  
DELRAY BEACH FL 33444

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. **B. LOREN BROW**

4/4/04 561-272-2484

SIGNATURE: *S. Loren Brow*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #