


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000010852 1. Entity Name BBI OF SAFETY HARBOR, INC.	
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Principal Place of Business 2507 HERON LANE N CLEARWATER, FL 33762	Mailing Address 2507 HERON LANE N CLEARWATER, FL 33762
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DO NOT WRITE IN THIS SPACE



04212006 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0380009	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DEFILIPPIS, ROBERT P 2507 HERON LANE N CLEARWATER, FL 33762
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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.

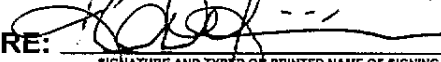
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DEFILIPPIS, ROBERT P 2507 HERON LANE N. CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEFILIPPIS, KRISTINE G 2507 HERON LANE N. CLEARWATER, FL 33762
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<p>U00000561240 05/19/06-80006-017 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:  KRISTINE G DEFILIPPIS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 5/1/06 <small>Date</small>	Daytime Phone # (727) 573-1225 <small>Daytime Phone #</small>
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