

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 16, 2007 08:00 AM
Secretary of State**

DOCUMENT # P02000011784

1. Entity Name

B & D PROPERTY ASSOCIATES, INC.



Principal Place of Business

**358 NW BENTLEY CIRCLE
PORT ST LUCIE, FL 34986**

Mailing Address

**358 NW BENTLEY CIRCLE
PORT ST LUCIE, FL 34986**



01122007

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3592815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BAKER, ROBERT A
358 NW BENTLEY CIRCLE
PORT ST LUCIE, FL 34986**

**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, 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BAKER, ROBERT A
STREET ADDRESS	358 NW BENTLEY CIRCLE
CITY-ST-ZIP	PORT ST LUCIE, FL 34986
TITLE	DVP
NAME	DUVELSDORF, JOHN
STREET ADDRESS	107 NW BENTLEY CIRCLE
CITY-ST-ZIP	PORT ST LUCIE, FL 34986
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000586367
01/16/07-80050-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

John Duvelsdorf JOHN DUVELSDORF 1/12/07 772-340-0693