## **2007 FOR PROFIT CORPORATION**

## FILED **ANNUAL REPORT** Feb 12, 2007 08:00 AM DOCUMENT # P02000014838 **Secretary of State** 1. Entity Name S & B INC. Mailing Address Principal Place of Business 3617 US HIGHWAY 19 3617 US HIGHWAY 19 NEW PORT RICHEY, FL 34652 NEW PORT RICHEY, FL 34652 CR2E034 (11/05) 02072007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0599919 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent TAYLOR, BEVERLY A DO NOT WRITE 3617 US HWY 19 NEW PORT RICHEY, FL 34652 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. (NOTE: Registered Agent signature required when reinstating). 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TAYLOR, BEVERLY A NAME 11500 TEETIME CIRCLE STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34654 000000632152 02/21/07-80010-014 150.00 TITLE MESSER, SHERIL NAME STREET ADDRESS 11426 TEETIME CIRCLE NEW PORT RICHEY, FL 34654 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS C)TY-S1-21P TITLE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 path; 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

NAME STREET ADDRESS CITY-ST-2IP

G OFFICER OR DIRECTOR