

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000032314

1. Entity Name
B AND B OPERATORS, INC.



Principal Place of Business
**46 BOWLING GREEN DR
HAVANA, FL 32333**

Mailing Address
**46 BOWLING GREEN DR
HAVANA, FL 32333**



07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0414545

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BELL, SANDRA J
46 BOWLING GREEN DR.
HAVANA, FL 32333**

**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 renewing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BELL, JOHN H SR
STREET ADDRESS	46 BOWLING GREEN DR.
CITY-ST-ZIP	HAVANA, FL 32333
TITLE	V
NAME	BELL, BETTY B
STREET ADDRESS	52 SMITH CREEK RD
CITY-ST-ZIP	HAVANA, FL 32333
TITLE	T
NAME	BELL, SANDRA J
STREET ADDRESS	46 BOWLING GREEN DR
CITY-ST-ZIP	HAVANA, FL 32333
TITLE	S
NAME	BELL, GINA R
STREET ADDRESS	9620 COWELS RD
CITY-ST-ZIP	FOUNTAIN, FL 32438
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000171433
09/02/04-80001-004 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sandra J Bell
7-01-04 850-544-9015