

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000042256

1. Entity Name
W.B.B. ENTERPRISES, INC.



Principal Place of Business
10109 LAKE LAMAR COURT
JACKSONVILLE, FL 10109

Mailing Address
10109 LAKE LAMAR COURT
JACKSONVILLE, FL 10109



04142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0670437

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BUCK, BARBARA B
10109 LAKE LAMAR COURT
JACKSONVILLE, FL 10109

**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 Barbara B. Buck

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/2005

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BUTLER, WALTER B
STREET ADDRESS	8134 MIDDLE FORK WAY
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	D
NAME	BUTLER, BARBARA B
STREET ADDRESS	10109 LAKE LAMAR COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	D
NAME	MAY, BLAIR B
STREET ADDRESS	2630 LIGHTHOUSE COVE
CITY-ST-ZIP	PONTE VEDRE BEACH, FL 32082
TITLE	D
NAME	BUTLER, WALTER B JR
STREET ADDRESS	1443 BAYLOR LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	D
NAME	PICCIONE, BEVERLY ANN
STREET ADDRESS	108 MAYFAIR LANE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000333327
04/26/05-80034-013 150.00

**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)(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.

SIGNATURE: Barbara B. Buck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2005

Date

Daytime Phone #

904-645-9479