

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90187 050 ***150.00

DOCUMENT # P02000088626

1. Entity Name
B & B COOKING & CATERING, INC.



Principal Place of Business
**25011 NORTHEAST HIGHWAY 314
SALT SPRINGS, FL 32134 US**

Mailing Address
**25011 NORTHEAST HIGHWAY 314
SALT SPRINGS, FL 32134 US**



2. Principal Place of Business - No P.O. Box #

909 SR 19N

3. Mailing Address

906 S SR 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282008 Chg-P CR2E034 (12/06)

City & State

Palatka FL

City & State

Palatka FL

4. FEI Number

75-3077208

Applied For

Not Applicable

Zip

32177

Country

USA

Zip

32177

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NEWELL, PAUL D
260A LAWRENCE BLVD., STE. 201
NEWELL BUILDING
KEYSTONE HEIGHTS, FL 32656**

7. Name and Address of New Registered Agent

Name **Donald Holmce**

Street Address (P.O. Box Number is Not Acceptable)

222 N. 3rd St.

City

Palatka

FL

Zip Code

32177

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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** ☐ Delete
NAME **SOUTHWELL, G. BRAD**
STREET ADDRESS **759 HUNTER RD.**
CITY-ST-ZIP **HOLLISTER, FL 32147**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **Res** **4/28/08** **366-325-3185**
Date Daytime Phone #