2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 04, 2004 8:00 am Secretary of State DOCUMENT # P03000001332 05-04-2004 90193 001 ***150.00 1. Entity Name B.B.D., INC 24068200 Principal Place of Business Mailing Address 19410 BRUCE B. DOWNS BLVD 1112 W. BRANDON BLVD TAMPA, FL 33647 BRANDON, FL 33511 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, etc. 04252004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 04- 3131229 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CLAVILLE, J. RICHARD Street Address (P.O. Box Number is Not Acceptable) 1112 W. BRANDON BLVD BRANDON, FL 33511 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEF IS \$150.00 Trust Fund Contribution After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITLE Change Addition TITLE CLAVILLE, J. RICHARD NAME 1112 W. BRANDON BLVD STREET ADDRESS STREET ADDRESS BRANDON, FL 33511 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition HAWKINS, R. KEVIN MAME NAME STREET ADDRESS STREET ADDRESS 1112 W. BRANDON BLVD CHY-ST-ZIP BRANDON, FL 33511 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition CLAVILLE, BARBARA A NAME NAME STREET ADDRESS 1112 W. BRANDON BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRANDON, FL 33511 TITLE ☐ Delete Change ☐ Addition HAWKINS, SUSAN E NAME 1112 W. BRANDON BLVD STREET ADDRESS STREET ADDRESS BRANDON, FL 33511 CHY-ST-ZIP CHY-S1-ZIP TITLE ☐ Addition TITLE ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not quality 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 attach ment with an address, with all other like empowered.

CHY-S1-ZIP

STREET ADDRESS

CHY-ST-ZIP

TITLE

NAME

CITY - \$1 - 71P

STREET ADDRESS

SIGNATURE:

THILE

NAME

OFFICER OR DIRECTOR

Delete

4/27/64 8/3-685-865L

FILED

Change

☐ Addition