


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90437 017 ***150.00

DOCUMENT # P03000021353			
1. Entity Name B & B SALESFORCE, INC.		Principal Place of Business 3120 PURPLE MARTIN LANE INDIALANTIC, FL 32903 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3120 PURPLE MARTIN LANE INDIALANTIC, FL 32903 US	
City & State		City & State	
Zip		Country	
4. FEI Number 56-2316085		Applied For No Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACCONNACHIE, BRUCE W 3120 PURPLE MARTIN LANE INDIALANTIC, FL 32903		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: If 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACCONNACHIE, BRUCE W 3120 PURPLE MARTIN LANE INDIALANTIC, FL 32903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 11 or is changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Bruce W. Macconnachie</i> BRUCE W. MACCONNACHIE		04/26/05 321-480-9360	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone</small>	

