

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90270 041 \*\*\*150.00

|                                       |  |
|---------------------------------------|--|
| <b>DOCUMENT # P03000039778</b>        |  |
| 1. Entity Name<br>B.B.I. DESIGN, INC. |  |



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| Principal Place of Business<br>1455 RAILHEAD BLVD. #31<br>NAPLES, FL 34110<br>1084 Business Lane<br>NAPLES, FL 34110 |  | Mailing Address<br>1455 RAILHEAD BLVD. #31<br>NAPLES, FL 34110<br>27850 Lime Street<br>Bonita Springs FL 34135 |  |
| 2. Principal Place of Business<br>1084 Business Lane   |  | 3. Mailing Address<br>27850 Lime Street  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  |



04072005 Chg-P CR2E034 (10/03)

|                                 |                |                                   |                |
|---------------------------------|----------------|-----------------------------------|----------------|
| City & State<br>Naples FL 34110 |                | City & State<br>Bonita Springs FL |                |
| Zip<br>34110                    | Country<br>USA | Zip<br>34135                      | Country<br>USA |

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>26-0063342 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br>GEHL, BETH ANN<br>18401 HUCKLEBERRY RD.<br>NAPLES, FL 34110<br>27850 Lime Street<br>Bonita Springs FL 34135 |  |
|--|--|

|  |  |
|--|--|
| 7. Name and Address of New Registered Agent<br>Name: BETH Ann Gehl<br>Street Address (P.O. Box Number is Not Acceptable): 27850 Lime Street<br>City: Bonita Springs, FL<br>Zip Code: 34135 |  |
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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: *Beth Ann Gehl* DATE: 4.6.05

(NOTE: Registered Agent signature required when reinstating)

|   |   |
|---|---|
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GEHL, BETH ANN<br>1455 RAILHEAD BLVD. #31<br>NAPLES, FL 34110 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Beth Ann Gehl* DATE: 4.6.05 239-825-1039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR