

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90060 012 \*\*\*150.00

**DOCUMENT # P03000075696**

1. Entity Name  
3BD, CORP.



Principal Place of Business

~~505 E. NEW YORK AVE.~~  
STE 9 213 S. Alabama Ave.  
DELAND, FL 32724

Mailing Address

~~505 E. NEW YORK AVE.~~  
STE 9 213 S. Alabama Ave.  
DELAND, FL 32724



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
57-1180308

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

STARKS, LISA D  
~~505 E. NEW YORK AVE.~~  
STE 9 213 S. Alabama Ave.  
DELAND, FL 32724

**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

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

2/13/06  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, CHUCK 3927 N. CLEROSE CIRCLE CINCINNATI, OH 45205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STARKS, LISA D <del>505 E. NEW YORK AVE.</del> SUITE 9 213 S. Alabama Ave. DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BALDWIN, JUDITH 2089 ENTERPRISE-OSTEEN ROAD ENTERPRISE, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, CHUCK 3927 N CLEROSE CIRCLE CINCINNATI, OH 45205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/06 (386) 738-7003  
Date Daytime Phone #