


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 06, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000109779 1. Entity Name B B ENTERPRISES OF OSCEOLA COUNTY, INC.		
Principal Place of Business 5565 LAKE LIZZIE DRIVE ST. CLOUD, FL 34771	Mailing Address 5565 LAKE LIZZIE DRIVE ST. CLOUD, FL 34771	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MCCLANAHAN, GARDNER 5565 LAKE LIZZIE DRIVE ST. CLOUD, FL 34771		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD MCCLANAHAN, GARDNER 5565 LAKE LIZZIE DRIVE ST. CLOUD, FL 34771	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MCCLANAHAN, GARDNER JR 5565 LAKE LIZZIE DRIVE ST. CLOUD, FL 34771	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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: <u>Gardner Mcclanahan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		8-3-07 407-892-4024 <small>Date Daytime Phone #</small>



08022007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0295914

Applied For
Not Applicable

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

U00000771428
08/07/07-20002-003 150.00