


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90106 049 \*\*\*150.00

<b>DOCUMENT # P03000112677</b> 1. Entity Name <b>B &amp; B TRUCKING AND LAND CLEARING INC.</b>					
Principal Place of Business <b>1801 ENFIELD AVE.</b> <b>PT. ST. LUCIE, FL 34952 US</b>				Mailing Address <b>1801 ENFIELD AVE.</b> <b>PT. ST. LUCIE, FL 34952 US</b>	
2. Principal Place of Business - No P.O. Box # <b>2065 SE ALLAMANDA DR.</b>		3. Mailing Address <b>2065 SE ALLAMANDA DR.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Port St. Lucie FL</b>		City & State <b>Port St. Lucie FL</b>		4. FEI Number <b>20-0332986</b>	
Zip <b>34952</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>BALZANO, CARMELA</b> <b>1801 ENFIELD AVE.</b> <b>PT. ST. LUCIE, FL 34952</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>2065 SE ALLAMANDA DR.</b> City <b>Port St. Lucie FL</b> Zip Code <b>34952</b>		
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) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME BALZANO, ALFONZO STREET ADDRESS 1801 ENFIELD AVE. CITY-ST-ZIP PT. ST. LUCIE, FL 34952	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2065 SE ALLAMANDA DR.</b> <b>Port St. Lucie, FL 34952</b>	
TITLE T NAME BALZANO, CARMELA STREET ADDRESS 1801 ENFIELD AVE. CITY-ST-ZIP PT. ST. LUCIE, FL 34952	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2065 SE ALLAMANDA DR.</b> <b>Port St. Lucie, FL 34952</b>	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 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>Carmela Balzano Tre.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/17/06 <small>Date Daytime Phone #</small>		