

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P03000112677

1. Entity Name  
B & B TRUCKING AND LAND CLEARING INC.



Principal Place of Business  
2065 SE ALLAMANDA DR  
PT. ST. LUCIE, FL 34952 US

Mailing Address  
2065 SE ALLAMANDA DR  
PT. ST. LUCIE, FL 34952 US

**DO NOT WRITE IN THIS SPACE**



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-0332986

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

BALZANO, CARMELA  
2065 SE ALLAMANDA DR  
PT. ST. LUCIE, FL 34952

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BALZANO, ALFONZO
STREET ADDRESS	2065 SE ALLAMANDA DR
CITY-ST-ZIP	PT. ST. LUCIE, FL 34952
TITLE	T
NAME	BALZANO, CARMELA
STREET ADDRESS	2065 SE ALLAMANDA DR
CITY-ST-ZIP	PT. ST. LUCIE, FL 34952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/23/08-80083-021 150.00

**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:

*Carmela Balzano*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/08

Date

772-408-6607

Daytime Phone #