

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000000682

1. Entity Name
B. AND B. CAB'S INC.



Principal Place of Business
870 SON IN LAW RD
BONFAY, FL 32425

Mailing Address
3087 NORTH RIDE LN
BONIFAY, FL 32425



03292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2430555

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOWEN, ROBERT
3087 NORTHRIDE LANE
BONFAY, FL 32425

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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

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

Robert Bowen, 4/27/07
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	BOWEN, BRYAN
STREET ADDRESS	960 SON IN LAW RD
CITY-ST-ZIP	BONFAY, FL 32425
TITLE	P
NAME	BOWEN, ROBERT H
STREET ADDRESS	3087 NORTHRIDE LANE
CITY-ST-ZIP	BONIFAY, FL 32425
TITLE	D
NAME	BOWEN, CASEY
STREET ADDRESS	960 SON IN LAW ROAD
CITY-ST-ZIP	BONIFAY, FL 32425
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/18/07-80001-023 150.00

**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

Robert Bowen
Signature and typed or printed name of signing officer or director

Robert Bowen

850-517-5155
Daytime Phone #