

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 25, 2008 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



01302008 No Chg-P CR2E034 (11/05)

4. FEI Number  
56-2430555

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

BOWEN, ROBERT  
3087 NORTHRIDE LANE  
BONFAY, FL 32425

**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 reinstating)

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	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	

000000922872  
05/16/08-80008-004 150.00

**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

*4/24/08* <sup>1-850</sup> *547-5655*

Date

Daytime Phone #