


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90037 039 ***158.75

DOCUMENT # P04000053632	
1. Entity Name SBB ENTERPRISES INC.	

Principal Place of Business 689 CLAIRE LANE ORANGE PARK, FL 32073	Mailing Address 689 CLAIRE LANE ORANGE PARK, FL 32073
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50008060



2. Principal Place of Business 661 Blanding Blvd. Suite, Apt. #, etc. Unit 105 City & State Orange Park, FL Zip 32073 Country Clay	3. Mailing Address SAA Suite, Apt. #, etc. City & State Zip Country
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01102005 Chg-P CR2E034 (10/03)

4. FEI Number 55-0861284	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BAGOUS, SIMON B 689 CLAIRE LANE ORANGE PARK, FL 32073	
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7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 N/A
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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAGOUS, SIMON B 689 CLAIRE LANE ORANGE PARK, FL 32073 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Simon Bagous President Simon Bagous 1/10/05 213-8247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #