


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P04000066389 1. Entity Name B & B INVESTORS CORP |  |
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|---|---|
| Principal Place of Business 7469 VIALE MICHELANGELO DELRAY BEACH, FL 33446 US | Mailing Address 7469 VIALE MICHELANGELO DELRAY BEACH, FL 33446 US |
|---|---|



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1030183

| |
|----------------|
| Applied For |
| Not Applicable |

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

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| 6. Name and Address of Current Registered Agent MORSE, WILLIAM M 7469 VIALE MICHELANGELO DELRAY BEACH, FL 33446 |
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**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 fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 | P MORSE, WILLIAM M 7469 VIALE MICHELANGELO DELRAY BEACH, FL 33446 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP MORSE, BONNIE C 7469 VIALE MICHELANGELO DELRAY BEACH, FL 33446 |
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01/23/06-80019-014 158.75

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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:  1/12/06 561 272-7424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #