## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**SIGNATURE:** 

## **DOCUMENT # P04000075852** FILED 1. Entity Name **B & B FOOD OUTLET. INC.** 05 OCT 18 PM 12: 15 Principal Place of Business Mailing Address 304 S KENZINGTON AVE. 304 S KENZINGTON AVE. LECANTO, FL 34461 LECANTO, FL 34461 3. Principal Place of Business 3045. KFNSINGT 10172005 Chg-P CR2E034 (10/03) City & State Applied For City & State 4. FEI Number 90-0191618 Not Applicable Country \$8.75 Additional USA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROTENBERG, JEROME ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 7655 WEST GULF TO LAKE HIGHWAY SUITE 2 CRYSTAL RIVER, FL 34429 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change MACAISA, JOSIE B 000061086250 NAME NAME 2000 NORTH YAWKEY POINT STREET ADDRESS STREET ADDRESS \*\*61.25 11/02/05~-01003--009 CITY-ST-ZIP HERNANDO, FL 34442 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition BADIOLA, CLEOTILDE S NAME NAME STREET ADDRESS 3810 WEST DEVON AVENUE STREET ADDRESS LINCOLNWOOD, IL 60712 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete X Addition TITLE TITLE MARLO MACAISA OO NORTH YAWKE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 empo

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Daytime Phone #