

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90185 024 \*\*\*150.00

<b>DOCUMENT # P05000032156</b> 1. Entity Name <b>BB&amp;D TRANSPORTATION, INC.</b>			
Principal Place of Business <b>2622 PINWOOD BLVD SO. MIDDLEBURG, FL 32068</b>		Mailing Address <b>2622 PINWOOD BLVD SO. MIDDLEBURG, FL 32068</b>	
2. Principal Place of Business - No P.O. Box # <b>5716 CANVASBACK RD.</b>		3. Mailing Address <b>5716 CANVASBACK RD.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>MIDDLEBURG, FL.</b>		City & State <b>MIDDLEBURG, FL.</b>	
Zip <b>32068</b>		Zip <b>32068</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>26-0108856</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SHAH, DIPA 1206 VERSANT DR. #201 BRANDON, FL 33511</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D WILLIAMS, BOBBY F 2622 PINWOOD BLVD SO. MIDDLEBURG, FL 32068	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D WILLIAMS, BOBBY F. 5716 CANVASBACK RD. MIDDLEBURG, FL. 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T WILLIAMS, BRIGITTE 2622 PINWOOD BLVD SO. MIDDLEBURG, FL 32068	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T WILLIAMS, BRIGITTE 5716 CANVASBACK RD. MIDDLEBURG, FL. 32068
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <u>Bobby F. Williams</u> <b>BOBBY F. WILLIAMS</b>		Date: <u>4-25-07</u> Daytime Phone #: <u>904-318-7093</u>	

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