

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000036654**

**1. Entity Name**  
**B & B MANUFACTURED PRODUCTS, INC.**



**Principal Place of Business**  
**6402 HIGHWAY 60 EAST**  
**LAKE WALES, FL 33853**

**Mailing Address**  
**6402 HIGHWAY 60 EAST**  
**LAKE WALES, FL 33853**



05072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**25-1822668**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**BIRD, BRIAN**  
**6402 HIGHWAY 60 EAST**  
**LAKE WALES, FL 33853**

**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 \$550.00**  
**Due by September 12, 2008**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** PTD  
**NAME** BIRD, BRIAN  
**STREET ADDRESS** 6402 HIGHWAY 60 EAST  
**CITY-ST-ZIP** LAKE WALES, FL 33853

**TITLE** VPSD  
**NAME** BROWN, ROBERT  
**STREET ADDRESS** 6402 HIGHWAY 60 EAST  
**CITY-ST-ZIP** LAKE WALES, FL 33853

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

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08/03/08-60071-008 150.00

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**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Brian Bird** 4/30/08 863-696-1224

Date

Daytime Phone #