

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P05000048368

1. Entity Name

B & B LAND AND HOME, INC.



**FILED**

**Jun 28, 2006 8:00 am  
Secretary of State**

05-05-2006 90195 042 \*\*\*150.00



1st MOORE CR2E034 (10/05)

Principal Place of Business	Mailing Address
COUNTY ROAD 18 A LAKE BUTLER FL 32054	RT. 2, BOX 788 LAKE BUTLER FL 32054

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

4. FEI Number		Applied For
14-1967653		Not Applicable
City & State	5. Certificate of Status Desired	
Zip	Country	<input type="checkbox"/> \$8.75 Additional Fee Required
32054	UN. ON	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BROWN, S.M. JR. RT. 2, BOX 788 LAKE BUTLER FL 32054		Name <i>Brown, S.M. Jr.</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>4430 SW. CR. 18A</i>	
		City <i>LAKE BUTLER</i> FL Zip Code <i>32054</i>	

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 renewing)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, S.M. JR. RT. 2, BOX 788 LAKE BUTLER FL 32054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, S.M. JR. RT. 2, BOX 788 LAKE BUTLER FL 32054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC BROWN, S.M. JR. RT. 2, BOX 788 LAKE BUTLER FL 32054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA BROWN, S.M. JR. RT. 2, BOX 788 LAKE BUTLER FL 32054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR BROWN, S.M. JR. RT. 2, BOX 788 LAKE BUTLER FL 32054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *S.M. Brown Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/06

Daytime Phone #