

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000063397

1. Entity Name
BW & B CATERING, INC.



FILED

07 APR 30 AM 10:39

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
10880 HERFORD CHASE
TALLAHASSEE, FL 32317

Mailing Address
10880 HERFORD CHASE
TALLAHASSEE, FL 32317



04062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2765635

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITAKER, BYRON
10880 HERFORD CHASE
TALLAHASSEE, FL 32317

**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]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 WHITAKER, BYRON 10880 HERFORD CHASE TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WHITAKER, BRENDA 10880 HERFORD CHASE TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>[Signature]</i>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

600101584616
05/04/07--01020--002 **150.00

**DO NOT WRITE
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 *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-07 309-1007