## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000084163

Entity Name: B & B LAND AND SITE DEVELOPMENT INCORPORATED

FILED Mar 31, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
P.O. BOX 18126 JACKSONVILLE, FL 32229				2511 QUAIL AVENUE JACKSONVILLE, FL 32218			
Current Mailing Address:				New Mailing Address:			
P.O. BOX 1 JACKSON	18126 VILLE, FL 32	229					
FEI Number:	20-2909971	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:		Name and	Address o	f New Registered Agent:	
JONES, GERALD P 435 CLARK ROAD SUITE 107 JACKSONVILLE, FL 32218 US				JONES, GERALD P 2039 SOUTEL DR JACKSONVILLE, FL 32208 US			
The above in the State		submits this statement for the pur	rpose o	f changing it	s registered	d office or registered agent, or both,	
SIGNATURE:				03/31/2006			
	Electro	nic Signature of Registered Agent	t			Date	
Election Cam	npaign Financir	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PTD ( WELDON, CO 2511 QUAIL A' JACKSONVILL	VENUE		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VSD ( TURNER, WIL 2078 OAK WA JACKSONVILL	TER DRIVE		Title: Name: Address: City-St-Zip:	WELDON, D 2511 QUAIL		
Title: Name: Address: City-St-Zip:	D ( WELDON, DO 2511 QUAIL A' JACKSONVILL	VENUE		Title: Name: Address: City-St-Zip:	HAYES, ALL 10545 CITR		
Title: Name: Address: City-St-Zip:	D (> TURNER, SAB 2078 OAK WA JACKSONVILL	TER DRIVE		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D (λ HAYES, ALLIS 10545 CITRUS JACKSONVILL	LANE		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA M WELDON SD 03/31/2006