

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P05000085894</b> 1. Entity Name <b>B &amp; B AUTO EXCHANGE, INC.</b>	
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Principal Place of Business <b>1320 N. TEMPLE AVENUE STARKE, FL 32091 US</b>	Mailing Address <b>1320 N. TEMPLE AVENUE STARKE, FL 32091 US</b>
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**DO NOT WRITE IN THIS SPACE**



01302007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-2998629</b>	Applied For 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**

**BURGESS, ROCKY Z  
12123 S.W. 48TH TERRACE  
LAKE BUTLER, FL 32054**

**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 \$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,S BURGESS, JASON L 12109 S.W. 48TH TERRACE LAKE BUTLER, FL 32054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,T BURGESS, ROCKY Z 12123 S.W. 48TH TERRACE LAKE BUTLER, FL 32054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000626914  
02/15/07-80040-005 150.00

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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: *Jason Burgess* 2-6-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #