2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000085894

1. Entity Name
B & B AUTO EXCHANGE,INC.

Principal Place of Business	Mailing Address
1320 N. TEMPLE AVENUE STARKE, FL 32091 US	1320 N. TEMPLE AVENUE STARKE, FL 32091 US

DO NOT WRITE IN THIS SPACE

01172008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-2998629	Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000899237 04/28/08-80031-006 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P.S
NAME	BURGESS, JASON L
STREET ADDRESS	12109 S.W. 48TH TERRACE
CITY-ST-ZIP	LAKE BUTLER, FL 32054

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

TITLE	
NAME	
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CITY-ST-ZIP	

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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: _____ Pres   1-18-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #