

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90109 031 ***150.00

DOCUMENT # P06000014784					
1. Entity Name B&C FAMILY CORP					
Principal Place of Business 331 SW 187 AVENUE PEMBROKE PINES, FL 33029			Mailing Address 331 SW 187 AVENUE PEMBROKE PINES, FL 33029		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 34-2060219	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TUMMINO, ROBERT 331 SW 187 AVENUE PEMBROKE PINES, FL 33029			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME TUMMINO, ROBERT		<input type="checkbox"/> Delete	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS 331 SW 187 AVENUE	331 SW 187 AVENUE		STREET ADDRESS 331 SW 187 AVENUE		
CITY-ST-ZIP PEMBROKE PINES, FL 33029	PEMBROKE PINES, FL 33029		CITY-ST-ZIP PEMBROKE PINES, FL 33029		
TITLE VPD	NAME TUMMINO, CHRIS		<input checked="" type="checkbox"/> Delete	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS 1128 ROYAL PALM BEACH BLVD., #264	1128 ROYAL PALM BEACH BLVD., #264		STREET ADDRESS 1128 ROYAL PALM BEACH BLVD., #264		
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP ROYAL PALM BEACH, FL 33411		
TITLE SD	NAME TUMMINO, GRACE		<input type="checkbox"/> Delete	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS 331 SW 187 AVENUE	331 SW 187 AVENUE		STREET ADDRESS 331 SW 187 AVENUE		
CITY-ST-ZIP PEMBROKE PINES, FL 33029	PEMBROKE PINES, FL 33029		CITY-ST-ZIP PEMBROKE PINES, FL 33029		
TITLE NAME	NAME		<input type="checkbox"/> Delete	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	NAME		<input type="checkbox"/> Delete	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	NAME		<input type="checkbox"/> Delete	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
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 authority empowered.					
SIGNATURE:			1-18-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		