

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2007 8:00 am
Secretary of State

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| DOCUMENT # P06000059772 1. Entity Name B&B ADVANCED MASONRY, INC. | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 11411 TUCKER RD RIVERVIEW, FL 33569 | | Mailing Address P.O. Box 1196 RIVERVIEW, FL 33568 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 20-4682759 | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | 06182007 Chg-P CR2E034 (12/06) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent KEITH, W CURTIS 1722 STAYSAIL DR VALRICO, FL 33594 | | 7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ALEXANDER, BERNARD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11411 TUCKER RD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>RIVERVIEW, FL 33569</td> <td></td> </tr> </table> | | TITLE | D | <input type="checkbox"/> Delete | NAME | ALEXANDER, BERNARD | | STREET ADDRESS | 11411 TUCKER RD | | CITY - ST - ZIP | RIVERVIEW, FL 33569 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">* M</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>ALEXANDER, FARREI</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11411 TUCKER RD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>RIVERVIEW, FL 33569</td> <td></td> </tr> </table> | | TITLE | * M | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME | ALEXANDER, FARREI | | STREET ADDRESS | 11411 TUCKER RD | | CITY - ST - ZIP | RIVERVIEW, FL 33569 | |
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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: <i>Bernard Alexander</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 8/16/07 * 813 600 2909 <small>Date Daytime Phone #</small> | | | | | | | | | | | | | | | | | | | | | | | | | |