

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90026 007 ***150.00

DOCUMENT # P06000075494

1. Entity Name

BB&G INVENTORY SERVICES INC



Principal Place of Business

535 NW TWYLITE TERRACE
PORT ST LUCIE FL 34983
US

Mailing Address

535 NW TWYLITE TERRACE
PORT ST LUCIE FL 34983
US



2. Principal Place of Business - No P.O. Box #

1249 COOSA AVE

3. Mailing Address

1249 COOSA AVE NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Palm Bay, FL

City & State

Palm Bay, FL

4. FEI Number

20-4971939

Applied For

Not Applicable

Zip

Country

US

Zip

32907

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOOTHE, JO ANN
535 NW TWYLITE TERRACE
PORT ST LUCIE FL 34983

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

Signature, type or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/08

FILE NOW! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input type="checkbox"/> Delete
NAME	RICHOUX, MELISSA	
STREET ADDRESS	535 NW TWYLITE TERRACE	
CITY-ST-ZIP	PORT ST LUCIE FL 34983	
TITLE	VP/D	
NAME	BOOTHE, JO ANN	
STREET ADDRESS	535 NW TWYLITE TERRACE	
CITY-ST-ZIP	PORT ST LUCIE FL 34983	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 any other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/08

772-418.9399

Date

Daytime Phone #