2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2009
Secretary of State

DOCUMENT# P06000092565

Entity Name: B&B FOODS INC

Current Principal Place of Business:

6391 76 AVE N
PINELLAS PARK, FL 33781 US

New Principal Place of Business:

3225 BLUFF BLVD
HOLIDAY, FL 34680 US

Current Mailing Address:

P.O. BOX 265
ELFERS, FL 34680 US

New Mailing Address:

FEI Number: 20-5191555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOWD, ROBERT
6391 76 AVE N
PINELLAS PARK, FL 33781 US

Name and Address of New Registered Agent:

DOWD, ROBERT M P
3225 BLUFF BLVD.
HOLIDAY, FL 34680 US

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.

SIGNATURE: ROBERT M. DOWD 08/27/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JOHNSON, JOSEPH
Address: 6391 76 AVE N
City-St-Zip: PINELLAS PARK, FL 33781 US

Title: CEO (X) Delete
Name: JOHNSON, CRAIG M
Address: 6391 76 AVE N
City-St-Zip: PINELLAS PARK, FL 33781 US

Title: V (X) Delete
Name: JOHNSON, JOSEPH C
Address: 6391 76 AVE N
City-St-Zip: PINELLAS PARK, FL 33781 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DOWD, ROBERT M
Address: 3225 BLUFF BLVD
City-St-Zip: HOLIDAY, FL 34680 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT M. DOWD P 08/27/2009
Electronic Signature of Signing Officer or Director Date