

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90064 021 ***150.00

DOCUMENT # P06000101331 1. Entity Name BB&H FINANCIAL CORP.					
Principal Place of Business 5575 S. SEMORAN BLVD SUITE 506 ORLANDO, FL 32822			Mailing Address 5575 S. SEMORAN BLVD SUITE 506 ORLANDO, FL 32822		
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		
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		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 NAME STREET ADDRESS CITY - ST - ZIP	PD JOHNSON, HARRY 2471 ALOMA AVENUE WINTER PARK, FL 32792 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 5575 S. SEMORAN BLVD. SUITE 506 ORLANDO, FL 32822	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD AKERS, ROBERT 2471 ALOMA AVENUE WINTER PARK, FL 32792 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 5575 S. SEMORAN BLVD SUITE 506 ORLANDO, FL 32822	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CARTHEN, BILL 2471 ALOMA AVENUE WINTER PARK, FL 32792 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 5575 S. SEMORAN BLVD SUITE 506 ORLANDO, FL 32822	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: <u>BILL CARTHEN</u> BILL CARTHEN STD 18 JAN 2008 407.737-2622 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					