

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90018 043 ***150.00

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02152008 Chg-P CR2E034 (12/06)

DOCUMENT # P06000126067 1. Entity Name B & B FABRICATION INC.			
Principal Place of Business 711 19TH STREET WEST PALMETTO, FL 34221		Mailing Address 6014 NEW PARIS WAY ELLENTON, FL 34222	
2. Principal Place of Business - No P.O. Box # 1180 8TH Ave W #145 Suite, Apt. #, etc.		3. Mailing Address 1180 8TH Ave W #145 Suite, Apt. #, etc.	
City & State PALMETTO, FL Zip 34221 Country USA		City & State PALMETTO, FL Zip 34221 Country	
4. FEI Number 20-5698088		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLCOMB, WALTER B JR 6014 NEW PARIS WAY ELLENTON, FL 34222		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 1180 8TH Ave W. - #145 City PALMETTO FL Zip Code 34221	
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 3-10-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	PRES HOLCOMB, WALTER B JR 6014 NEW PARIS WAY ELLENTON, FL 34222	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 1180 8TH Ave W. #145 PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOLCOMB, LINDA M 6014 NEW PARIS WAY ELLENTON, FL 34222	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 1180 8TH Ave. W. - #145 PALMETTO, FL. 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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		3-10-08 941-745-1212 <small>Date Daytime Phone #</small>	