

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90033 024 ***150.00

DOCUMENT # P07000067562

1. Entity Name

B II MARKETING, INC.



Principal Place of Business

**234 SOUTHEAST 827 ST
OLD TOWN FL 32680**

Mailing Address

**234 SOUTHEAST 827 ST
OLD TOWN FL 32680**



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

2nd MOORE

CR2E034 (4/08)

4. FEI Number

☒ Applied For
☐ Not Applicable

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

**BROWN, BARBARA M
234 SOUTHEAST 827 ST
OLD TOWN FL 32680**

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 reinstating)

DATE

FILE NOW!!! - FEE IS \$550.00

DUE BY September 3, 2008

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

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 **PT** ☐ Delete
NAME **BROWN, BARBARA M**
STREET ADDRESS **234 SOUTHEAST 827 ST**
CITY-ST-ZIP **OLD TOWN FL 32680**

TITLE **VS** ☐ Delete
NAME **GRANGER, BARBARA L**
STREET ADDRESS **234 SOUTHEAST 827 ST**
CITY-ST-ZIP **OLD TOWN FL 32680**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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: *Barbara M. Brown* **Barbara M. Brown** 07/10/08 (351) 541-9595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

Florida Dept. of State
Division of Corporations

40110875
#PO7000067562

July 10, 2008

To Whom it may concern:

B11 Marketing, Inc. was set-up by a party I bought a web site from. I signed the forms they sent me, but I told them at the time I was not ready to open the web site, yet.

I have not done any business since the incorporation.

I am waiting for my grandson to join me here before I open the web site.

I have not opened a bank account for the corporation yet. I have paid all expenses, so far, out of my personal account.

I am including a check for the \$150.00 and can only hope I've done right.

Document # PO7000067562.

Sincerely yours,
Barbara M. Brown
Barbara M. Brown