

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # P92000013441

1. Entity Name
B & B PROFESSIONAL PLUMBING, INC.



Principal Place of Business
707 BELLEAIR RD
CLEARWATER, FL 33756 US

Mailing Address
707 BELLEAIR RD
CLEARWATER, FL 33756 US



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3157940	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, BARRY J.
707 BELLEAIR RD
CLEARWATER, FL 33756

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME LEE, BARRY J
STREET ADDRESS 707 BELLEAIR RD
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE V
NAME JERNIGAN, ROBERT J
STREET ADDRESS 707 BELLEAIR RD
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

1000000988170
04/08/08-80099-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARRY J. LEE

3-21-08 727-559-799

Date

Daytime Phone #