## 2008 FOR PROFIT CORPORATION

## **FILED** Feb 04, 2008 08:00 Al Secretary of State

CR2E034 (11/05)

Applied For Not Applicable

\$8.75 Additional Fee Required

561-630-7174 Deytime Priore:

| ANNUAL REPURI   | re   |
|---|--|
| DOCUMENT # P93000015456  1. Entity Name B & B LEASING, INC.   |  |
| Principal Place of Business Mailing Address 1986 WINDSOR DRIVE NORTH PALM BEACH, FL 33408 US NORTH PALM BEACH, FL |  |
| DO NOT WRITE IN THIS S  | 01312008 No Chg-P  |
|   | 4. FEI Number 65-0466811  5. Certificate of Status Desired |
| 6. Name and Address of Current Registered Agent PAVESE, ROBERT R 1986 WINDSOR DRIVE NORTH PALM BEACH, FL 33408    | DO NOT VIN THIS S  |

| 8. The above the obligat  | named entity submits this statement for the pions of registered agent.      | urpose of changing its registere                                       | ed office or registered agent, or bo   | th, in the State of Florida. I am familiar with, and accept  |  |
|---|---|--|--|--|--|
| SIGNATURE .   |   |  |  |  |  |
|   | Signature, typed or printed name of registered agent and title it           | applicable, (NOTE: Registered  | 1 Agent signature required when reinstating)   | <u> </u>   |  |
|   | E NOW!!! FEE IS \$150.00<br>ay 1, 2008 Fee will be \$550.00                 | <ol><li>Election Campaign Finan<br/>Trust Fund Contribution.</li></ol> | scing \$5.00 May Be Added to Fees  | 02/12/08-80066-024 150.00  |  |
| 10.   | OFFICERS AND DIREC  | TORS   | <b>公理</b> 种种种人。  | A CONTRACTOR OF THE PROPERTY O |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | P PAVESE, ROBERT 1986 WINDSOR DRIVE NORTH PALM BEACH, FL 33408              |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | VTS<br>COLLINS, BRIAN S<br>1986 WINDSOR DRIVE<br>NORTH PALM BEACH, FL 33408 |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  | DO   | NOT WRITE  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  | IN THE RESERVE TO THE | THIS SPACE   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |  |  |  |
| 12. Thereby 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 |   |  |  |  |  |