

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000001298

1. Entity Name
BB-S&K, INC.



Principal Place of Business
1515 S. FED. HWY.
STE 306
BOCA RATON, FL 33432

Mailing Address
1515 S. FED. HWY.
STE 306
BOCA RATON, FL 33432



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0471682	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

GILLESPIE, R. BOWEN
GILLESPIE & ALLISON, P.A.
SUITE 300, 1515 S. FEDERAL HIGHWAY
BOCA RATON, FL 33432

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(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

000000819227
02/15/08-80074-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GILLESPIE, R. BOWEN
STREET ADDRESS	1515 S. FED. HWY., SUITE 306
CITY - ST - ZIP	BOCA RATON, FL 33432

TITLE	VS
NAME	HARRIS, PATRICIA R
STREET ADDRESS	1515 S. FED. HWY., STE 306
CITY - ST - ZIP	BOCA RATON, FL 33432

TITLE	V
NAME	VANN, ZANDRA
STREET ADDRESS	1515 S. FED. HWY., SUITE 306
CITY - ST - ZIP	BOCA RATON, FL 33432

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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

Date

Daytime Phone #

1-31-08

561-368-5158