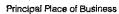
## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P94000059556**

Entity Name
 B & B FAMILY, INC.



P.O. BOX 5025 23195 PEACHLAND PT CHARLOTTE, FL 33949 Mailing Address

P.O. BOX 5025 23195 PEACHLAND PT CHARLOTTE, FL 33949

## FILED Mar 03, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

 
 02252004
 No Chg-P
 CR2E034 (10/03)

 4. FEI Number 65-0573872
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURGESS, HAROLD E 23195 PEACHLAND PT CHARLOTTE, FL 33954

## DO NOT WRITE IN THIS SPACE

| 8. The above the obligat  | named entity submits this statement for the plons of registered agent.       | ourpose of changing its registere                      | ed office or r  | agistered agent, or br         | oth, in the State of Florida. I am fami  | liar with, and accept |
|---|--|--|-----------------|--------------------------------|--|-----------------------|
| SIGNATURE_  | Signature, typed or printed name of registered agent and title I             | if applicable. (NOTE: Registered                       | Agent signature | required when reinstating)     | DATE   |                       |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$550.00 |  | 9. Election Campaign Finan<br>Trust Fund Contribution. | cing            | \$5.00 May Be<br>Added to Fees | U00000074405<br>03/03/04_80018-003   |                       |
| 10.   | OFFICERS AND DIREC   | CTORS  |                 |                                |  | <u>-</u>              |
| NAME STREET ADDRESS CITY-ST-ZIP                                       | DP<br>BURGESS, HAROLD E<br>P.O. BOX 5025 NA 495582<br>PT CHARLOTTE, FL 33949 |  |                 |                                |  |                       |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 | V<br>BURGESS, CYNTHIA<br>P.O. BOX 5025 NA 495582<br>PT CHARLOTTE, FL 33949   |  | <b>31.</b> .5.  |                                |  | <u></u> -             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 | S<br>WENMAN, BEVERLY<br>22 PLACE<br>NAPLES, FL                               |  |                 | DO                             | NOT WRITE  |                       |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |  |  |                 | IN                             | THIS SPACE   | <del>-</del> -        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |  |  |                 |                                |  |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | portify that the information purplied with this G                            |  |                 |                                | and the second s | <u>. and</u>          |

14. I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

hia Burgess

2/39/04

941-629-2352

Daytime Phone #