

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P94000059556**

1. Entity Name  
B & B FAMILY, INC.



Principal Place of Business  
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**



02252004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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 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, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
Added to Fees

U00000074405  
03/03/04-80018-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BURGESS, HAROLD E P.O. BOX 5025 NA 495582 PT CHARLOTTE, FL 33949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURGESS, CYNTHIA P.O. BOX 5025 NA 495582 PT CHARLOTTE, FL 33949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WENMAN, BEVERLY 22 PLACE NAPLES, FL
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 exemption stated in Section 119.07(3)(f), 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:**

*Cynthia Burgess* Cynthia Burgess

2/29/04

941-629-2352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #