

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2006 08:00 AM
Secretary of State**

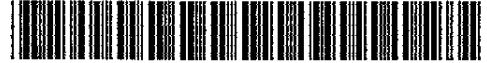
DOCUMENT # P94000059556

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**



04162006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0573872	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

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, 2006 Fee will be \$550.00**

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

1100000535221
05/08/06-80045-003 150.00

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURGESS, CYNTHIA P.O. BOX 5025 NA 495582 PT CHARLOTTE, FL 33949
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WENMAN, BEVERLY 22 PLACE NAPLES, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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: *Harold E. Burgess* *Cynthia Burgess* 4/22/06 941-629-2352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #