


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000063894	
1. Entity Name B & B CELLSERV ENTERPRISES, INC.	

Principal Place of Business 5918 RIO ROYALLE ST. AUGUSTINE, FL 32085	Mailing Address 5918 RIO ROYALLE ST. AUGUSTINE, FL 32085
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DO NOT WRITE IN THIS SPACE



04062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3264373	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

**HOWARD, BILLIE J
5918 RIO ROYALLE
ST AUGUSTINE, FL 32084**

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000106986 04/08/04-80038-022 150.00
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10. OFFICERS AND DIRECTORS

TITLE P	HOWARD, BILLIE J 5918 RIO ROYALLE ST AUGUSTINE, FL 32084
TITLE V	HOWARD, BARBARA R 5918 RIO ROYALLE ST AUGUSTINE, FL 32084
TITLE ST	HOWARD, RANDI A 5918 RIO ROYALLE ST AUGUSTINE, FL 32084
TITLE 	
TITLE 	
TITLE 	

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: *Billie J Howard* **President** **4-4-04** **9044711444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #