


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90076 036 ***150.00

DOCUMENT # P95000017552

1. Entity Name
BBE OF CLEARWATER, INC.



Principal Place of Business
 150 BAYSIDE DRIVE
 CLEARWATER, FL 33767 US

Mailing Address
 P.O. BOX 2436
 CLEARWATER, FL 33757-2436 US

2. Principal Place of Business
 P.O. Box 2436

3. Mailing Address

Subs. Apt. #, etc.

City & State
 Clearwater, FL

City & State

Zip
 33757

Country
 USA



04122005 Chg-P CR2E034 (10/03)

4. FEI Number
 65-0561797

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEARS, CAROL M
 150 BAYSIDE DRIVE
 CLEARWATER BEACH, FL 33767

7. Name and Address of New Registered Agent

Name
 Mears, Carol M.

Street Address (P.O. Box Number is Not Acceptable)
 407 Roebling Rd. S.

City
 Belleair

FL Zip Code
 33756

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 Carol M Mears Carol m mears DATE 4/13/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE	PSD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MEARS, CAROL M			NAME	Mears, Carol M.		
STREET ADDRESS	150 BAYSIDE DRIVE			STREET ADDRESS	407 Roebling Rd. S.		
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767			CITY-ST-ZIP	Belleair, FL 33756		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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: Carol M Mears Carol m mears DATE 4/13/05 727-644-8630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR