

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90103 039 \*\*\*150.00

**DOCUMENT # P95000074180**

1. Entity Name

**B B & B MANAGEMENT GROUP, INC.**



Principal Place of Business

1531 E COMMERCIAL BLVD  
FT LAUDERDALE FL 33334  
US

Mailing Address

3566 COCO LAKE DR  
#105  
COCONUT CREEK FL 33073  
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

3566 Coco Lake Dr

Suite, Apt. #, etc.

City & State

Coconut Creek FL

Zip

Country

Zip

33073

Country

4. FEI Number

58-2206957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

MINTON, MICHAEL D  
1903 S 25TH ST  
FT PIERCE FL 34947

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME WATKINS, DERBY H  
STREET ADDRESS 3232 WELLINGTON RD  
CITY-ST-ZIP ALEXANDRIA VA 22302

TITLE P ☐ Delete  
NAME MARTINUZZI, DARLENE A  
STREET ADDRESS 3566 COCO LAKE DR  
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE VP ☐ Delete  
NAME TOLSON, SUSAN R  
STREET ADDRESS 5630 NE 18TH AVE, #307  
CITY-ST-ZIP FT LAUDERDALE FL 33334

TITLE T ☐ Delete  
NAME CRISP, CAROLYN  
STREET ADDRESS 3566 COCO LAKE DR  
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DARLENE A. MARTINUZZI

Date

Daytime Phone #

4/18/04 954202 0919