2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: 🗹

Apr 25, 2007 8:00 am Secretary of State DOCUMENT # P96000068126 04-25-2007 90186 037 ***150.00 1. Entity Name B AND B INC. OF GARCON PT. Principal Place of Business Mailing Address 6663 CAROLINE STREET 40080938 6663 CAROLINE STREET MILTON, FL 32570 MILTON, FL 32570 No Chg-P CR2E034 (11/05) 04202007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3391376 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAKER, ROBYN DO NOT WRITE 261 GARCON PT ROAD MILTON, FL 32583 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) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PST TITLE BAKER, ROBYN NAME 261 GARCON PT ROAD STREET ADDRESS MILTON, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 cath; 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.

D-OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED