

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000078033

FILED
Nov 06, 2009
Secretary of State**Entity Name:** MBB INC.**Current Principal Place of Business:**3820 SW ARCHER RD
GAINESVILLE, FL 32608 US**New Principal Place of Business:****Current Mailing Address:**3820 SW ARCHER RD
GAINESVILLE, FL 32608 US**New Mailing Address:****FEI Number:** 59-3468269**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BARBER, KELLY D
22020 OLD PROVIDENCE ROAD
ALACHUA, FL 32615 US**Name and Address of New Registered Agent:**

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.

SIGNATURE:_____
Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** P () Delete
Name: BARBER, KELLY D
Address: 22020 OLD PROVIDENCE RD
City-St-Zip: ALACHUA, FL 32615**Title:** VP (X) Delete
Name: BARBER, DAVID F JR
Address: 15316 218TH LANE
City-St-Zip: ALACHUA, FL 32615**Title:** S (X) Delete
Name: BARBER, CHRISTY C
Address: 22020 OLD PROVIDENCE ROAD
City-St-Zip: ALACHUA, FL 32615**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DPST (X) Change () Addition
Name: BARBER, KELLY D
Address: 22020 OLD PROVIDENCE RD
City-St-Zip: ALACHUA, FL 32615 US**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLY D. BARBER

P

11/06/2009

Electronic Signature of Signing Officer or Director_____
Date