## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P97000091213**

Entity Name

B.D.B. ENTERPRISES, INC.



FILED Feb 12, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

13883 WALSINGHAM ROAD LARGO, FL 33773 13883 WALSINGHAM ROAD LARGO, FL 33773



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01032007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

59-3477862

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARLAS, GEORGE 1150 SKYE LN PALM HARBOR, FL 34683

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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, 2007 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS TITLE DRUZAS, FRANK NAME STREET ADDRESS 104 MERCURY AVENUE SOUTH CITY-ST-ZIP CLEARWATER, FL 33765 TITLE NAME BARLAS, LEE STREET ADDRESS 1150 SKYE LN CITY - ST- ZIP PALM HARBOR, FL 34683 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing 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 oath; that I am an officer or director of the corporation or the receiver or divides 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VE PRESIDENT

de 1.01

Daytime Phone #