

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000000017

1. Entity Name
BSB INVESTMENTS, INC.



Principal Place of Business
**500 E KENNEDY BLVD
SUITE 200
TAMPA, FL 33602 US**

Mailing Address
**500 E KENNEDY BLVD
STE 200
TAMPA, FL 33602 US**

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3499485

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROLAND, DOUGLAS C
500 E KENNEDY BLVD, STE 200
TAMPA, FL 33602**

**DO NOT WRITE
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)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000577654
01/08/07-80025-007 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOLVES, BRIAN A
STREET ADDRESS	500 E KENNEDY BLVD
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	VPD
NAME	BRICKLEMYER, KEITH W
STREET ADDRESS	500 E KENNEDY BLVD
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	STD
NAME	SMOLKER, DAVID
STREET ADDRESS	500 E KENNEDY BLVD
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	VD
NAME	BARTLETT, JAY J
STREET ADDRESS	500 E KENNEDY BLVD
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	V
NAME	ROLAND, DOUGLAS R
STREET ADDRESS	500 E KENNEDY BLVD
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 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

**DOUGLAS C.
ROLAND**

Date

Daytime Phone #

1/4/07 (813)223-3888