

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P98000037072

1. Entity Name  
**B & D REALTY, INC.**



**FILED  
Apr 07, 2008 8:00 am  
Secretary of State**

04-07-2008 90068 003 \*\*\*150.00

Principal Place of Business  
**4373 NORTH PINE ISLAND RD  
PLANTATION, FL 33351**

Mailing Address

**4373 NORTH PINE ISLAND RD  
PLANTATION, FL 33351**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04032008 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-0839071**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**TENZER, BARBARA  
9448 SW 46CT  
SUNRISE, FL 33351**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D TENZER, BARBARA A  
9448 N.W. 46 CT.  
SUNRISE, FL 33351**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D V P S T  
Mure, Dawn C  
7800 NW 44 Street  
Plantation, FL 33324**

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

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CITY-ST-ZIP

Change

Addition

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: X Barbara Tenz**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/3/08**

Date

Daytime Phone #