

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 23, 2007 8:00 am
Secretary of State**

04-23-2007 90100 026 ***150.00

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|--|--|---|
| DOCUMENT # P98000066389 | |  |
| 1. Entity Name B & B SERVICES OF SARASOTA, INC. | | |

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|--|---------|--|---------|
| Principal Place of Business 1226 ZACCHINI AVE SARASOTA, FL 34237 | | Mailing Address 4228 PLACID DRIVE SARASOTA, FL 34243 | |
| 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 |

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent BUTZ, WILLIAM M 4228 PLACID DRIVE SARASOTA, FL 34243 | | 7. Name and Address of New Registered Agent 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 <small>Signature, typed or printed name of registered agent and title if applicable</small> | | INOTE: Registered Agent signature required when revisiting) | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |

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|--|-----------------------------------|---|---|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 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: William M. Butz WILLIAM M. BUTZ 4/20/07 941-953-5545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #