

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000067573

1. Entity Name
B & S UTILITIES, INC.



FILED

06 MAY -1 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3214 OLD BAINBRIDGE RD
TALLAHASSEE, FL 32301

Mailing Address
3214 OLD BAINBRIDGE RD
TALLAHASSEE, FL 32301

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country



05012006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3525713

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATKINSON, WILLIAM A
3214 OLD BAINBRIDGE RD
TALLAHASSEE, FL 32301

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

400075025174
05/22/06--01035--001 **150.00

10. OFFICERS AND DIRECTORS

TITLE PSD ☐ Delete
NAME ATKINSON, SHELLEY S
STREET ADDRESS 3214 OLD BAINBRIDGE RD
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE VTD ☐ Delete
NAME ATKINSON, WILLIAM
STREET ADDRESS 3214 OLD BAINBRIDGE RD
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Shelley S. Atkinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-06

Date Daytime Phone #