2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 28, 2005 08:00 AM Secretary of State DOCUMENT # P99000050820 1. Entity Name B AND B CONCESSIONS, INC. Principal Place of Business Mailing Address 311 BUTLER BLVD. 311 BUTLER BLVD. DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3594466 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOISINGTON, BRAD 311 BUTLER PLACE Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH FL 32118 City 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and lifte if applicable "(NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE 🔲 Delete TITLE Change Addition HOISINGTON, BRADLEY NAME NAME STREET ADDRESS 311 BUTLER BLVD. STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32118 CITY-ST-ZIP VPD TITLE ☐ Delete TITLE Change Addition NAME TRUDEAU, ROBERT NAME U00000338648 311 BUTLER BLVD. STREET ADDRESS 04/28/05-80043-023 150.00 STREET ADDRESS DAYTONA BEACH FL 32118 CITY-ST-ZIP CUTY-ST-7IP ~ 🔲 Delete TITLE TUBE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ME Delete JJIJT ☐ Change Achinia NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Adijjiii NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I), 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 direction 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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