

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90035 023 ***158.75

DOCUMENT # P99000100538 1. Entity Name B & B BUILDING CONSTRUCTION, INC.					
Principal Place of Business 1240 N PINE HILLS RD ORLANDO, FL 32808			Mailing Address 1240 N PINE HILLS RD ORLANDO, FL 32808		
2. Principal Place of Business - No P.O. Box # 4618 Miranda Cir		3. Mailing Address 4618 Miranda Cir			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Orlando		City & State Orlando		4. FEI Number 59-3608293	
Zip FL		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FAHLGREN, STEVEN M ESQ 4751 S CONWAY ROAD ORLANDO, FL 32812		7. Name and Address of New Registered Agent Name B & B Building Construction Inc Street Address (P.O. Box Number is Not Acceptable) 4618 Miranda Cir City Orlando FL Zip Code 32818			
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 <u><i>Erika C. Lawson-Ellis</i></u> DATE <u><i>4/27/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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	PSTD ELLIS, ANTHONY A 4618 MIRANDA CIRCLE ORLANDO, FL 328181759 <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	V LAWSON-ELLIS, ERIKA C 4618 MIRANDA CIRCLE ORLANDO, FL 328181759 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
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: <u><i>Erika C. Lawson-Ellis</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><i>3/30/07</i></u> <u><i>407-5324050</i></u> <small>Date Daytime Phone #</small>		