2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S09764

1. Entity Name
B & B SITE DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
1505C S PARROTTAUE OKEECHOBEE, FL 34974 US	1505C S PARROTT AVENUE OKEECHOBEE, FL 34974 US

DO NOT WRITE IN THIS SPACE

01232008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-0250610		Not Applicable

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

6. Name and Address of Current Registered Agent

BAUGHMAN, MICHELLE H.
1505C S. PARROTT AVE.
OKEECHOBEE, FL 34974

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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

TITLE	D
NAME	BAUGHMAN, MICHELLE H.
STREET ADDRESS	1505 C S PARROTT AVENUE
CITY-ST-ZIP	OKEECHOBEE, FL

TITLE	D
NAME	BAUGHMAN, PHILIP J.
STREET ADDRESS	1505C S PARROTT AVENUE
CITY-ST-ZIP	OKEECHOBEE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _Michell H. Baughman_   Michelle H. Baughman   1-23-08   863-763-6053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #