

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 28, 2008 08:00 AM

PAID  
4/23/08  
Secretary of State

DOCUMENT # S50546

1. Entity Name

S & B DEVELOPMENT ENTERPRISES, INC.



Principal Place of Business

26268 STATE RD 247  
BRANFORD FL 32008  
US

Mailing Address

26268 STATE ROAD 247  
BRANFORD FL 32008  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

59-3064389

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FISCHER, JAMES D  
10601-210 SAN JOSE BLVD.  
JACKSONVILLE FL 32257

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

Signature, typed or printed name of registered agent and the filer (applicable).

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$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  
PSD  
CUMMINS, ROBERT  
26268 STATE RD 247  
BRANFORD FL 32008 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
U00000929095  
05/21/08-80055-010 150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VPTD  
CUMMINS, SANDRA  
26268 STATE RD 247  
BRANFORD FL 32008 ☐ Delete

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

TITLE  
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Robert E Cummins JR* Robert E Cummins JR President 4-22-08 3865903167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Disclose Filing #