

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # V30722
 1. Entity Name
B & B MACHINERY, INC.



Principal Place of Business Mailing Address
 % HENRY CLAY BOLEN % HENRY CLAY BOLEN
 2281 HAVANA DRIVE 2281 HAVANA DRIVE
 MIRAMAR FL 33023 MIRAMAR FL 33023



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number Applied For
65-0331365 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

BOLEN, HENRY CLAY
2281 HAVANA DRIVE
MIRAMAR FL 33023

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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	PD	<input type="checkbox"/> Delete
NAME	BOLEN, HENRY CLAY	
STREET ADDRESS	2281 HAVANA DRIVE	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	VST	<input type="checkbox"/> Delete
NAME	BOLEN, MICHELE ANN	
STREET ADDRESS	2281 HAVANA DRIVE	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOLEN, MICHELE ANN	
STREET ADDRESS	2281 HAVANA DRIVE	
CITY-ST-ZIP	MIRAMAR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	00000506710	
CITY-ST-ZIP	04/27/06-80035-004 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Michele Bolen Date: 4/8/06 Daytime Phone #: (904) 981-2985