

2007 FOR PROFIT CORPORATION ANNUAL REPORT

POSTING AUTHORIZATION

DOCUMENT # F97000006936

1. Entity Name
BKK FINANCIAL, INC.



Date Apr 27, 2007 **FILED**
Profit Center _____
Account Code _____
Job Cost _____
Property / Project Manager _____
Property / Project Senior Manager _____
Accountant _____ Date _____
Acctg Manager _____ Date _____
Acctg Manager _____ Date _____

Principal Place of Business
2810 WILLOW LAKE DRIVE
INDIANAPOLIS, IN 46268

Mailing Address
10172 LINN STATION RD
LOUISVILLE, KY 40223

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042007 Chg-P CR2E034 (12/06)

4. FEI Number
35-1868440

Applied For
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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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
CD
NICHOLS, J D
10172 LINN STATION ROAD
LOUISVILLE, KY 40223 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
000000737565
05/11/07-80033-014 150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VC
NICHOLS, BARBARA
10172 LINN STATION ROAD
LOUISVILLE, KY 40223 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LAVIN, BRIAN F
10172 LINN STATION ROAD
LOUISVILLE, KY 40223 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
PITCHFORD, DAVID B.
10172 LINN STATION ROAD
LOUISVILLE, KY 40223 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
HOWARD, SUSAN
10172 LINN STATION ROAD
LOUISVILLE, KY 40223 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
NICHOLS, KARA L
10172 LINN STATION ROAD
LOUISVILLE, KY 40223 ☐ Delete

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

Susan M. Howard, VP/Sec
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan M. Howard
Vice Pres/Secretary

4/10/07

(502) 426-4800

Date

Daytime Phone #