2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 25, 2005 8:00 am Secretary of State

04-25-2005 90301 050 ***150.00

DOCUMENT # P00000006636 B & K UNIVERSAL ENTERPRISES, INC. Mailing Address Principal Place of Business 50043401 717 E. OAK STREET 717 E. OAK STREET KISSIMMEE, FL 34744 KISSIMMEE, FL 34744 3. Mailing Address 2. Principal Place of Business Suita, Apt. #, etc. Suite, Apt. #, etc. 03282005 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State 59-3621577 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent - 6. Name and Address of Current Registered Agent SWART, HARRY J Street Address (P.O. Box Number is Not Acceptable) 717 E. OAK STREET KISSIMMEE, FL 34744 City Zip Code FL 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) typed or printed name of registered agent and title if applicable. (NQTE: Registered Agent algnature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. PSTD ☐ Delete TITLE PTD **X** Change Addition TITLE WOODY, THERESA R NAME NAME 121 CAROPINE DRIVE STREET ADDRESS 32 Evergreen Circle STREET ADDRESS CITY-ST-7IP Surfside Beach, SC 29575 CITY-ST-ZIP SURFSIDE BEACH, SC 29575 ☐ Change ※ Addition ☐ Delete TITLE TITLE NAME Angela Woody 119 Caropine Drive NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Surfside Beach, SC 29<u>575</u> Delete TITLE Change Addition TITLE Connie T. Shelton 32 Evergreen Circle NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Surfside Beach, SC 29575 GITY-ST-ZIP Change | Addition ☐ Delete TITLE TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP. CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 employees to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

of the corporation or the receiver or trustee empower changed, or on an attachment with an address, with

Daytime Phone #