2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000080523

1. Entity Name B&K DINING SERVICE, INC.



Principal Place of Business

8590 CARLTON ROAD

PORT SAINT LUCIE, FL 34987 US

Mailing Address

P.O. BOX 15339

FORT PIERCE, FL 34979

FILED
Mar 15, 2004 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

01162004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-1135240 Applied For Not Applicable

5. Certificate_of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KNOWLES, ROBERT C 8590 CARLTON ROAD PORT SAINT LUCIE, FL 34987

Į!	۲ï	110	mil	473	i iii	300	ılli i	HIII.	Щ.	111	11.	194	h:ti				92	33.	16	И
į	!	_	ħ.	•	3	- 1	N	ĸ	7	٦	Г.	. 1	٧.	v	С	Э.	-	Т		*:
ľ	П	L	2.	١.,	٠,		М	. 3		1	1.1		*	٧.	1	1	L.	#		÷.
	Φ.	H.	III I	10	l þ	44	M.	d'	134	44	l tr	帽	Ϋ́	10	11	H	10	di.	111	i i P
ľ	H	4	Š.	ï	1		Ħ	'n	9.7				ų.				7	k.		•
ľ	ji,	П	n	1		1	r	1	13		1.	•	S.	-	"	Т	Ŀ	_	_	
ŀ	捕	lin.	Pl.	Ť.	ii.He	Ŧú.	٨.	a L		М	eel	ψķ	ħ.	и,	1	11	132	in.	auto.	2
۱	ill	HH	Ш	99	Ж.	44	Ш	Ш		10	Ш	Ш	Ш		Ш	ii.	Ш	ii)		ΗĬ

	named entity submits this statement for the plons of registered agent.	urpose of changing its re	egistered office or i	egistered agent, or bo	oth, in the State of Florida. 1	am familiar with, and accept			
SIGNATURE_	Signature, typed or printed name of registered agent and title a	applicable. (NOTE: R	Registered Agent signatur	a required when reinstating)	DATE				
FIL After Ma	E NOW!!! FEE IS \$150.00 ny 1, 2004 Fee will be \$550.00	9. Election Campaigr Trust Fund Contrib		\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	TORS	, 'P	p>p4 + a > p & f = p 5 b 2 C b 6 C 5 b 5 b	ingerethiam delicity in				
TITLE NAME STREET AODRESS CITY-ST-ZIP	D KNOWLES, ROBERT C POST OFFICE BOX 15339 FORT PIERCE, FL 34979								
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NA PARA		0000001652 - 03/5/04-8006				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Single	Do	NOT WR				
TITLE NAME			1000		THE SECTION OF THE PROPERTY OF	/E			

12. Thereby 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 prive 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 refered or trustee employered 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 attachillent with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17mm 04

772 460.91 9E

Daytime Phone