2007 FOR PROFIT CORPORATION

FILED

ANNOAL REPORT				,			
DOCUMENT # P01000080523 1. Entity Name B&K DINING SERVICE, INC.						y of State	
8590 CARLT		Mailing Address P.O. BOX 15339 FORT PIERCE, FL 34979 U	S	American A American American American American A American American American American A American American American American A American A A A American A A A A A A A A A A A A A A A A A A A			
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DO NOT WRITE IN THIS SPACE			CE	4. FEI Numb 65-113 5. Certificate			Applied For Not Applicable 75 Additional
	6. Name and Address of Current Reg	istered Agent					Required
8590 CAR	S, ROBERT C LTON ROAD NT LUCIE, FL 34987		7.		NOT WI		
the obligat	named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and the E NOWILL FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00		d Agent signature required		U000006	DATE	· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR D KNOWLES, ROBERT C POST OFFICE BOX 15339 FORT PIERCE, FL 34979	ECTORS			<u> </u>	<u>, עט־כייטט</u>	1 130.00
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CITY-ST-ZIP					to the same of		

12. I hereby certify that the information supplied with this filling 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: _

VSICHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #