


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000117843**  
 1. Entity Name  
**B.K. BUILDERS, INC.**



Principal Place of Business      Mailing Address  
**2827 CLEBURNE RD**      **2827 CLEBURNE RD**  
**ORLANDO, FL 32817**      **ORLANDO, FL 32817**

**DO NOT WRITE IN THIS SPACE**



04202006 No Chg-P CR2E034 (11/05)

4. FEI Number **51-0486995**      Applied For / Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22ND ST.**  
**4TH FLOOR**  
**MIAMI, FL 33145**

**DO NOT WRITE IN THIS SPACE**

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 reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FISHER, BRETRICK K 2827 CLEBURNE RD ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FISHER, BOBBY G 2827 CLEBURNE RD ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FISHER, JEANETTE 2827 CLEBURNE RD ORLANDO, FL 32817
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 05/04/06-80045-021 150.00

**DO NOT WRITE IN THIS SPACE**

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, and that I am empowered.

SIGNATURE: \_\_\_\_\_      4-18-06      407-306-8267  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #