2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000058944

1. Entity Name
BKL-DENUNE, INC.

Principal Place of Business	Mailing Address
PO BOX 3176 LAKE CITY, FL 32056	PO BOX 3176 LAKE CITY, FL 32056

02112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2683239
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BULLARD, AUDREY S
2753 E US 90
LAKE CITY, FL 32055

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000831759
02/27/08-80031-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DENUNE, HARRY C
STREET ADDRESS	PO BOX 3176
CITY-ST-ZIP	LAKE CITY, FL 32056
TITLE	SD
NAME	BULLARD, AUDREY S
STREET ADDRESS	POB 1733
CITY-ST-ZIP	LAKE CITY, FL 32056
TITLE	DV
NAME	KHACHIGAN, MARTHA J
STREET ADDRESS	362 NW STREAMSIDE CT
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	DP
NAME	BULLARD, CHRIS A
STREET ADDRESS	POB 1432
CITY-ST-ZIP	LAKE CITY, FL 32056
TITLE	DT
NAME	LANE, SUE D
STREET ADDRESS	421 SW HARMONY LN
CITY-ST-ZIP	LAKE CITY, FL 32025
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Sue D. Lane Sue D. Lane 2-15-08 386-752-4339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #