


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 315505</b>	
1. Entity Name B & J MANAGEMENT AND CONSULTING, INC.	

Principal Place of Business 1614 GOLFVIEW DRIVE CLEARWATER, FL 33756 US	Mailing Address 1614 GOLFVIEW DRIVE CLEARWATER, FL 33756 US
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**DO NOT WRITE IN THIS SPACE**



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1167273	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

KIRK, BOBBY  
1614 GOLFVIEW DR.  
CLEARWATER, FL

**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)  
Signature typed or printed name of registered agent and title if applicable \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KIRK, JOAN 1614 GOLFVIEW DR. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KIRK, BOBBY 1614 GOLFVIEW DR. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/12/05-80033-017 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature 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: Bobby Kirk Bobby Kirk 2-4-05 727-581-1406  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_