2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004
Secretary of State

DOCUMENT# 696554

Entity Name: B.K. ENTERPRISES OF WEST FLORIDA, INC.

Current Principal Place of Business:

4400 HWY 20 E ST 303
NICEVILLE, FL 32578

New Principal Place of Business:

177 JOHN SIMS PARKWAY
VALPARAISO, FL 32580

Current Mailing Address:

4400 HWY 20 E ST 303
NICEVILLE, FL 32578

New Mailing Address:

177 JOHN SIMS PARKWAY
VALPARAISO, FL 32580

FEI Number: 59-2119355 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEWIS, BILLY R.
4430 AMBERLAKE CV
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LEWIS, BILLY R
Address: 4430 AMBERLAKE CV
City-St-Zip: NICEVILLE, FL 32578

Title: VP ( ) Delete
Name: LEWIS, MICHAEL
Address: 210 CORY DR
City-St-Zip: DOTHAN, AL 36301

Title: S ( ) Delete
Name: KIRKLAND, DEBRA K
Address: 411 CRABTREE CR
City-St-Zip: CLARKSVILLE, TN 37040

Title: VP ( ) Delete
Name: KIRKLAND, TERRY
Address: 411 CRABTREE CR
City-St-Zip: CLARKSVILLE, TN 37040

Title: T ( ) Delete
Name: LEWIS, KATHRYN A
Address: 4430 AMBERLAKE CV
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN A. LEWIS T 03/16/2004
Electronic Signature of Signing Officer or Director — Date