2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 696554

Title:

Name:

Address:

RIK ENTERPRISES OF WEST FLORIDA INC

FILED Mar 19, 2009 Secretary of State

Entity Name: B.K. ENTERPRISES OF WEST FLORIDA, INC.						
Current Principal Place of Business:			N	New Principal Place of Business:		
	BELLUM LANE , TN 37122	US				
Current Mailing Address:			N	New Mailing Address:		
	BELLUM LANE , TN 37122	US				
FEI Number:	59-2119355	FEI Number Applied For ()	FEI Numb	er Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			N	Name and Address of New Registered Agent:		
LEWIS, BILLY R PRES 4430 AMBERLAKE CV NICEVILLE, FL 32578 US			4	LEWIS, BILLY R PRES 4430 AMBERLAKE COVE NICEVILLE, FL 32578 US		
The above in the State		ubmits this statement for the pu	urpose of c	changing its registered o	ffice or registered agent, or both,	
SIGNATURE: BILLY R LEWIS					03/19/2009	
	Electronic	Signature of Registered Ager	nt		Date	
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			Δ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PRES ()[LEWIS, BILLY R 257 ANTEBELLU MT JULIET, TN	JM LANE	N A	itle: () lame: ddress: ity-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	VP () [LEWIS, MICHAE 483 WOODHAM HEADLAND, AL	STREET	N A	itle: () lame: ddress: ity-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	KIRKLAND, DEB 1826 LEWIS TUR		N A	itle: () lame: ddress: itty-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	VP ()[KIRKLAND, TERI 1826 LEWIS TUP FT WALTON BEA	RNER BLVD	N A	itle: () lame: ddress: ity-St-Zip:	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BILLY R. LEWIS PRES 03/19/2009

() Delete

LEWIS, KATHRYN A T

City-St-Zip: MT JULIET, TN 37122

257 ANTEBELLUM LN

() Change () Addition