2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000005350

E.B.K. ENTERPRISES, INC.



FILED May 04, 2004 08:00 AM Secretary of State

Principal Place of Business

3800 VIA PESCADOR CAMARILLO, CA 93011 Mailing Address

P.O. BOX 1305 CAMARILLO, CA 93011



DO NOT WRITE IN THIS SPACE

No Chg-P 01082004

CR2E034 (10/03)

4. FEI Number 95-3305861

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOYLE, CONRAD J ESQ. 500 EAST BROWARD BOULEVARD, SUITE 1950 FORT LAUDERDALE, FL 33394

DO NOT WRITE IN THIS SPACE

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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 Squature, typed or printed name of registered agent and little it applicable (NOTE Registered Agent six				required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	sing 🗆	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP KANNER, RICHARD 3800 VIA PESCADOR CAMARILLO, CA 93011				U00000155828	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					05/05/04-80052-010 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP						
TITLE NAME STREET ADDRESS			:			

12. I hereby certify that the information supplied with this filling does not qualify 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 signature shall have the same legal effect as if made under eath; 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: narmandie manlaper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

805-389-1141