


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000005350		
1. Entity Name E.B.K. ENTERPRISES, INC.		

Principal Place of Business 3800 VIA PESCADOR CAMARILLO, CA 93011	Mailing Address P.O. BOX 1305 CAMARILLO, CA 93011
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FILED
05 MAY -6 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 95-3305861	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP KANNER, RICHARD 3800 VIA PESCADOR CAMARILLO, CA 93011
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for 6/8

12. I hereby certify that the information supplied with this filing 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 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:  RICHARD KANNER

JAN 11 2005

805.389.1141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #