

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 JUL -6 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



04102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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 \_\_\_\_\_  
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP KANNER, RICHARD 3800 VIA PESCADOR CAMARILLO, CA 93011
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

4/11/07

805.389-1141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #