

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 07, 2005 8:00 am
Secretary of State

05-02-2005 90389 010 ***150.00

DOCUMENT # H50577

1. Entity Name
B & K PROPERTIES & INVESTMENTS, INC.



Principal Place of Business
**C/O JOHN KOZLOSKI
1676 NE 39TH ST
OAKLAND PARK, FL 33334**

Mailing Address
**C/O JOHN KOZLOSKI
1676 NE 39TH ST
OAKLAND PARK, FL 33334**

66022069



04232005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2843786

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KOZLOSKI, JOHN
1676 NE 39TH ST
OAKLAND PARK, FL 33334**

**DO NOT WRITE
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KOZLOSKI, JOHN
STREET ADDRESS	1676 NE 39TH ST
CITY - ST - ZIP	OAKLAND PARK, FL
TITLE	ST
NAME	KOZLOSKI, BARBARA
STREET ADDRESS	1676 N.E. 39TH ST.
CITY - ST - ZIP	OAKLAND PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/05

Date

(561)416-1272

Daytime Phone

I have sent \$150.-