

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # J35666**

1. Entity Name  
**EBK PROPERTIES, INC.**



Principal Place of Business  
**5510 W LASALLE STREET  
210  
TAMPA, FL 33607 US**

Mailing Address  
**5510 W LASALLE STREET  
210  
TAMPA, FL 33607 US**



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2723727** 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**

**ALLRED, BRIAN M  
5510 W LASALLE STREET  
SUITE 210  
TAMPA, FL 33607**

**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 agree, the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**130000465855  
03/22/06-80054-001 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
KNIPPERS, EUGENE B.  
5510 W. LA SALLE ST. STE 210  
TAMPA, FL 33607**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
ALLRED, BRIAN M  
5510 W. LASALLE ST. STE. 210  
TAMPA, FL 33607**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: *Brian Allred* 3/7/06 813-252-5561**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #