

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L34046

1. Entity Name
BSK, INC.



Principal Place of Business
P.O. BOX 2347
PENSACOLA, FL 32513-2347

Mailing Address
P.O. BOX 2347
PENSACOLA, FL 32513-2347



03082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2981728

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KALISHMAN, SIDNEY
2401 EXECUTIVE PLAZA DRIVE
SUITE 3B
PENSACOLA, FL 32504

**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 obligation of registered agent.

SIGNATURE *Sidney Kalishman* **SIDNEY KALISHMAN - President**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

U000000088453
03/15/04 08:00:00 150.00
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U000000088453
03/15/04-80052-009 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KALISHMAN, SIDNEY
2401 EXECUTIVE PLAZA DR
PENSACOLA, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KALISHMAN, BETTY SUE
2401 EXECUTIVE PLAZA DR
PENSACOLA, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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)(f), 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: *Sidney Kalishman* **SIDNEY KALISHMAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/04 (852) 444-9015
Date Daytime Phone #