

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # M94548

1. Entity Name
B.K.D. ENTERPRISES, INC.



Principal Place of Business
**2395 TAMiami TRAIL
 UNIT 16
 PORT CHARLOTTE, FL 33952-3909**

Mailing Address
**2395 TAMiami TRAIL
 UNIT 16
 PORT CHARLOTTE, FL 33952-3909**



02132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0067539	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

**PABON, DANIEL
 2395 TAMiami TRAIL 16
 NORTH PORT, FL 34287**

**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, 2006 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	VTD DIXON, DONALD W. 3584 CRYSTAL LAKES COURT SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREEN, KEVIN E. 17734 LONG POINT DRIVE REDINGTON SHORES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PABON, DANIEL 2395 TAMiami TRAIL 16 PORT CHARLOTTE, FL 339523909
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**

000000455108
 03/15/06-80042-014 150.00

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: David Spabon David Spabon 2/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #