## **→ 2007 FOR PROFIT CORPORATION** ANNUAL REPORT

## **DOCUMENT # P00000000339**

1. Entity Name

B & K CONCRETE, INC.



Principal Place of Business

9141 LONG LAKE AVENUE BROOKSVILLE, FL 34613

Mailing Address

9141 LONG LAKE AVENUE BROOKSVILLE, FL 34613

## **FILED** Jan 18, 2007 08:00 AM Secretary of State



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No Chg-P CR2E034 (11/05) 01122007 Applied For 4. FEI Number

59-3615915

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHOOLEY, KIM 9141 LONG LAKE AVENUE BROOKSVILLE, FL 34613

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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 lamiliar with, and accept the obligations of registered agent,

SIGNATURE.

10.

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

OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

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

DST TITLE SCHOOLEY, KIM NAME STREET ADDRESS 9141 LONG LAKE AVENUE CITY-ST-719 BROOKSVILLE, FL 34613 TITLE NAME SCHOOLEY, SANDRA STREET ADDRESS 9141 LONG LAKE AVENUE CITY-ST-ZIP BROOKSVILLE, FL 34613 TITLE NAME DUNHAM, ERNEST STREET ADDRESS 9141 LONG LAKE AVENUE CITY-ST-ZIP BROOKSVILLE, FL 34613 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

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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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIM SCHOOLEY

X 1-16-07