

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000003038

1. Entity Name
B & K PRODUCTIONS, INC.



Principal Place of Business
 11393 WILLOW GARDENS DR
 WINDERMERE, FL 34786

Mailing Address
 B & K PRODUCTIONS, INC
 PO BOX 2614
 WINDERMERE, FL 34786



02242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3622821 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MAYFIELD, LIDA K
 11393 WILLOW GARDENS DR
 WINDERMERE, FL 34786

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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 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, 2004 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	D MAYFIELD, LIDA K 11393 WILLOW GARDENS DR WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATTANASI, KATHLEEN 10097 COVE LAKE DR ORLANDO, FL 32836
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03/29/04-80023-020 150.00

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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: *Lida K. Mayfield, Inc.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/04 407-876-3613
 Date Daytime Phone #

LIDA K. MAYFIELD, TREAS.