

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000073089

1. Entity Name
BKE, INC.



Principal Place of Business
4525 SOUTH ATLANTIC AVENUE #1201
PONCE INLET, FL 32127

Mailing Address
4525 SOUTH ATLANTIC AVENUE #1201
PONCE INLET, FL 32127



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3661769 **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

BAKER, PAUL L JR.
4525 SOUTH ATLANTIC AVENUE #1201
PONCE INLET, FL 32127

**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 ☐ **\$5.00 May Be Added to Fees**

000000388340
01/19/06-80074-025 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME BAKER, PAUL L JR.
STREET ADDRESS 4525 SOUTH ATLANTIC AVENUE #1201
CITY-ST-ZIP PONCE INLET, FL 32127

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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: **Paul L. Baker Jr.** **1-13-06** **(386) 267-4247**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #