

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90037 034 ***150.00

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1. Entity Name
B.K.'S PAINTING, INC.



Principal Place of Business
925 HALSTEAD ST
DELTONA, FL 32725

Mailing Address
925 HALSTEAD ST
DELTONA, FL 32725

2. Principal Place of Business

22798 SW Breakwater Blvd

3. Mailing Address

22798 SW Breakwater Blvd



01222005 Chg-P CR2E034 (10/03)

City & State

Dunnellon FL

City & State

Dunnellon FL

4. FEI Number

59-3746073

Applied For

Not Applicable

Zip

34431

Country

Zip

34431

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KETTLEHUT, BRIAN K
925 HALSTEAD ST
DELTONA, FL 32725

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME KETTLEHUT, BRIAN K
STREET ADDRESS 925 HALSTEAD ST
CITY-ST-ZIP DELTONA, FL 32725 Dunnellon, FL 34431

TITLE VTD
NAME KETTLEHUT, MARIA A
STREET ADDRESS 925 HALSTEAD ST
CITY-ST-ZIP DELTONA, FL 32725 Dunnellon, FL 34431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Brian K. Kettlehut
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #