

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000033337

1. Entity Name
B&L TRADING, INC.



Principal Place of Business
**P.O. BOX 607
LEHIGH ACRES, FL 33970**

Mailing Address
**P.O. BOX 607
LEHIGH ACRES, FL 33970**



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0086614

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KRUMPE, KAREN
314 DANIA ST
LEHIGH ACRES, FL 33972**

**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, 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	D
NAME	PALLADENO, LISA
STREET ADDRESS	20023 LAKE VISTA CIR
CITY-ST-ZIP	LEHIGH ACRES, FL 33936
TITLE	DP
NAME	KRUMPE, KAREN
STREET ADDRESS	314 DANIA ST
CITY-ST-ZIP	LEHIGH ACRES, FL 33972
TITLE	DST
NAME	KRUMPE, ROBERT
STREET ADDRESS	314 DANIA ST
CITY-ST-ZIP	LEHIGH ACRES, FL 33972
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000298834
04/11/05-80085-009 150.00

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IN THIS SPACE**

COPY

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: *Karen L. Krumpke* **Karen L. Krumpke**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/05 **239-369-7781**

Date

Daytime Phone #