2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000054224

1. Entity Name
B.N.C.K., INC.

Principal Place of Business

460 NW 124TH AVE.
MIAMI, FL 33182

Mailing Address

460 NW 124TH AVE.
MIAMI, FL 33182

DO NOT WRITE IN THIS SPACE

02152006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
55-0832106	Not Applicable

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

6. Name and Address of Current Registered Agent

RADCLIFFE, BILLY J
460 NW 124TH AVE.
MIAMI, FL 33182

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 Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RADCLIFFE, BILLY J
STREET ADDRESS	460 NW 124TH AVE.
CITY-ST-ZIP	MIAMI, FL 33182
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	

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03/10/06-80050-021 150.00

DO NOT WRITE IN THIS SPACE

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: _Billy Rad_ Billy Radcliffe (President) 2/20/06 3053184467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #