

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000090206

1. Entity Name
BK VENTURES, INC.



Principal Place of Business
3710 AUSTIN - HEALEY LANE
MIMS, FL 32754

Mailing Address
3710 AUSTIN - HEALEY LANE
MIMS, FL 32754

FILED
Jul 14, 2008 08:00 AM
Secretary of State



07092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0130728	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRITT, DANIEL T
3710 AUSTIN - HEALEY LANE
MIMS, FL 32754

**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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.183(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BRITT, DANIEL T 3710 AUSTIN - HEALEY LANE MIMS, FL 32754
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST KISER, ODELL M 3760 KIRN CT MIMS, FL 32754
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000954773
07/14/08-80014-016 150.00

**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: *Odell Kiser*
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

08 July 2008 321-268-0540
Date Daytime Phone