## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P03000091556

1. Entity Name

K&B'S ICE CREAM N DELI CAFE', INC.



FILED
May 01, 2006 08:00 Al
Secretary of State

Principal Place of Business

Mailing Address

5007 TURNPIKE FEEDER ROAD FORT PIERCE, FL 34951 US 7006 LAKELAND BLVD. FORT PIERCE, FL 34951

US



| DO NOT | WRITE | IN THIS | SPACE |
|--------|-------|---------|-------|
|--------|-------|---------|-------|

04862006 No Chg-P

CR2E034 (11/05)

4. FEI Number 57-1182866 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEPHEN, KAREN A 7006 LAKELAND BLVD. FORT PIERCE, FL 34951

## DO NOT WRITE IN THIS SPACE

|                                       | named entity submits this statement for the pions of registered agent. | urpose of changing its registered of                    | office or I   | egistered agent, or bo         | oth, in the State of Florida. I am familiar with, and accept |  |
|---------------------------------------|--|---|---------------|--------------------------------|--|--|
| SIGNATURE.                            | Signature, typed or printed name of registered agent and fille         | Panellando NOTE Sandanad La                             | ont elonostro | e required when reinstating)   | DATE   |  |
|                                       | E NOW!!! FEE IS \$150.00<br>ay 1, 2006 Fee will be \$550.00            | Election Campaign Financin     Trust Fund Contribution. | -             | \$5.00 May Be<br>Added to Fees | 05/11/06-80083-009 150.00                                    |  |
| 10.                                   | OFFICERS AND DIREC   | CTORS   |               |                                |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P<br>STEPHEN, ROBERT<br>7006 LAKELAND BLVD.<br>FORT PIERCE, FL 34957   |   |               |                                |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V<br>STEPHEN, KAREN<br>7006 LAKELAND BLVD.<br>FORT PIERCE, FL 34957    |   |               |                                |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |   |               | DO                             | NOT WRITE  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |   | IN THIS SPACE |                                |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |   |               |                                |  |  |
| TITLE                                 |  | i i   |               |                                |  |  |

12. I hereby cartify that the information supplied with this filling 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 cath, 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:

NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/06 172-462-248