# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 02, 2008 8:00 am**
**Secretary of State**
05-02-2008 90152 001 ***150.00

400949050

DOCUMENT # P03000150361

1. Entity Name
B & K DIRT DAUBERS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 7965 DIAMOND C CIR<br>ST CLOUD, FL 34771 | 7965 DIAMOND C CIR<br>ST CLOUD, FL 34771 |

04142008 Chg-P CR2E034 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip 34771-9039 Country | Zip 34771-9039 Country |

4. FEI Number 51-0492930 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| MUZYNSKI, KENNETH<br>7965 DIAMOND C CIR<br>ST CLOUD, FL 34771 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code 34771-9039 |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**(FILE NOW!!! FEE IS $150.00 After May 1, 2008 Fee will be $550.00)**

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MUZYNSKI, KENNETH<br>7965 DIAMOND C CIR<br>ST CLOUD, FL 34771 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>34771-9039 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>MUZYNSKI, CAROL<br>7965 DIAMOND C CIR<br>ST CLOUD, FL 34771 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>34771-9039 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** _____ 4/27/08 (321-624-8834 Cell)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #