


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90133 043 ***150.00

DOCUMENT # P04000030990

1. Entity Name
K & B VENTURES, INCORPORATED



Principal Place of Business
2145 14TH AVENUE
SUITE 20
VERO BEACH, FL 32960

Mailing Address
2145 14TH AVENUE
SUITE 20
VERO BEACH, FL 32960

2. Principal Place of Business
1165 Bounty Blvd

3. Mailing Address
1165 Bounty Blvd.

Suite, Apt. #, etc.

City & State
Vero Beach, FL

City & State
Vero Beach

Zip
32963

Country
Indianlva

Zip
32963

Country
Indianlva

6. Name and Address of Current Registered Agent

BROOKER, ELIZABETH S
2145 14TH AVENUE
SUITE 20
VERO BEACH, FL 32960



04082005 Chg-P CR2E034 (10/03)

4. FEI Number
30-0242054

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *Elizabeth S. Brooker* DATE **4/25/05**

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, 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	<input checked="" type="checkbox"/> Delete
NAME BROOKER, ELIZABETH S	
STREET ADDRESS 2145 14TH AVENUE #20	
CITY-ST-ZIP VERO BEACH, FL 32960	
TITLE D	<input type="checkbox"/> Delete
NAME Robert Gibson	
STREET ADDRESS 1165 Bounty Blvd.	
CITY-ST-ZIP Vero Beach, FL 32963	
TITLE D	<input type="checkbox"/> Delete
NAME Kimberly Gibson	
STREET ADDRESS 1165 Bounty Blvd	
CITY-ST-ZIP Vero Beach, FL 32963	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Robert Gibson* DATE: **4/20/05** DAYTIME PHONE #: **772-492-1479**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR