


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 14, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000065392</b> 1. Entity Name <b>B &amp; K CAPITAL MANAGEMENT GROUP, INC.</b>	
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Principal Place of Business <b>516 CONN WAY VERO BEACH, FL 32963</b>	Mailing Address <b>516 CONN WAY VERO BEACH, FL 32963</b>
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**DO NOT WRITE IN THIS SPACE**

07192007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-2831882</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SEGAL, BARRY G  
621 17TH STREET  
VERO BEACH, FL 32960**

**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, and is familiar with, and accept the obligations of registered agent.

08/14/07-80003-021 150.00

SIGNATURE \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURKE, KAREN 516 CONN WAY VERO BEACH, FL 32963
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BURKE, BRENDAN 516 CONN WAY VERO BEACH, FL 32963
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7.30 07**

Date

Daytime Phone #