


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90402 007 \*\*\*150.00

**DOCUMENT # P05000031047**

1. Entity Name  
**K & B INVESTMENT GROUP, INC.**



Principal Place of Business      Mailing Address

2719 SUNDANCE CIR      2719 SUNDANCE CIR  
 MULBERRY, FL 33860      MULBERRY, FL 33860

2. Principal Place of Business      3. Mailing Address

**3511 Christina Groves Cir, S.**      **3511 Christina Groves Cir, S.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.



02222006    Chg-P    CR2E034 (11/05)

City & State      City & State

**Lakeland FL**      **Lakeland FL**

Zip      Country      Zip      Country

**33813**      **Polk**      **33813**      **Polk**

4. FEI Number      Applied For

**20-2451296**       Not Applicable

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

6. Name and Address of Current Registered Agent

**DYESS, JOHNATHAN B**  
**2719 SUNDANCE CIR**  
**MULBERRY, FL 33860**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**3511 Christina Groves Cir, S.**

City      State      Zip Code

**Lakeland**      **FL**      **33813**

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 fee if applicable. (NOTE: Registered Agent signature required when registering)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	<b>D</b> <b>DYESS, JOHNATHAN B</b> <b>2719 SUNDANCE CIR</b> <b>MULBERRY, FL 33860</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			<b>Dyess, Johnathan B.</b> <b>3511 Christina Groves Cir. S.</b> <b>Lakeland FL 33813</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PARKER, KEVIN</b> <b>7643 CANTERBERRY CIR</b> <b>LAKELAND, FL 338103404</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SCHAEFER, HEATHER</b> <b>2725 SUNDANCE PL</b> <b>MULBERRY, FL 33860</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PARKER, BRANDY</b> <b>7643 CANTERBURY LANE</b> <b>LAKELAND, FL 338113404</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_ DATE: **3-14-2006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #