2006 FOR PROFIT CORPORATION ANNUAL REPORT

8/4/2006-90017-038-$150.00-$150.00

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FILED
06 AUG 04 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000048520

1. Entity Name
BKCK, INC.

Principal Place of Business	Mailing Address
6340 NELMS ROAD EAST LAKELAND, FL 33911	6340 NELMS ROAD EAST LAKELAND, FL 33911

2. Principal Place of Business	3. Mailing Address
456 Kings Creek Cir	P.O. Box 734
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Steinhatchee, FL	City & State: Steinhatchee
Zip: 32359 Country: U.S.A	Zip: 32359 Country: U.S.A

07262006 Chg-P CR2E034 (11/05) 06

4. FEI Number 20-2589278 ☐ 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
ROBBINS, J. CHRISTOPHER ESQ. 2100 MLK STREET NORTH ST. PETERSBURG, FL 33704	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 _____ 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
Due by September 6, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KALISHEK, BRYAN 6340 NELMS ROAD EAST LAKELAND, FL 33911	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bryan Kalishek 456 Kings Creek Circle Steinhatchee, FL 32359	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$10/19	☐ 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: Bryan Kalishek
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #