## **2006 FOR PROFIT CORPORATION**

## ANNUAL REPORT **DOCUMENT # P05000092143** 04-13-2006 90287 029 \*\*\*150.00 1. Entity Name B & K PROPERTY DEVELOPMENT, INC. Principal Place of Business Mailing Address 831 SE 36TH LANE 831 SE 36TH LANE OCALA, FL 34471 US OCALA, FL 34471 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03132006 CR2E034 (11/05) Chg-P Applied For City & State City & State 4. FEI Number 20-3063413 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PETERSON, KATHERINE L Street Address (P.O. Box Number is Not Acceptable) 831 SE 36TH LANE OCALA, FL 34471 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algosture required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change Addition PETERSON, WILLIAM T NAME MAME STREET ADDRESS **831 SE 36TH LANE** STREET ADDRESS CITY-ST-ZIP OCALA, FL 34471 CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE PETERSON, KATHERINE L NAME NAME STREET ADDRESS 831 SE 36TH LANE STREET ADDRESS CITY-ST-ZIP OCALA, FL 34471 CITY-ST-ZIP TITLE Oeleta TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILE ☐ Change Addition NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filling 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 tipe 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 charged, or on an attachment with an address, with all other incompowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS CITY - ST-ZIP

SIGNATURE:

14/5/06

## **FILED** Apr 13, 2006 8:00 am Secretary of State

352-861-5704