

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90029 031 \*\*\*150.00

<b>DOCUMENT # P05000092143</b> 1. Entity Name <b>B &amp; K PROPERTY DEVELOPMENT, INC.</b>					
Principal Place of Business <b>5169 SE 39TH LOOP</b> <b>OCALA, FL 34480 US</b>			Mailing Address <b>5169 SE 39TH LOOP</b> <b>OCALA, FL 34480 US</b>		
2. Principal Place of Business - No P.O. Box # <b>6886 SE 12th Terrace</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>6886 SE 12th Terrace</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Ocala, FL</b>		City & State <b>Ocala, FL</b>		4. FEI Number <b>20-3063413</b>	
Zip <b>34480</b>		Country US		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PETERSON, KATHERINE L</b> <b>5169 SE 39TH LOOP</b> <b>OCALA, FL 34480</b>			7. Name and Address of New Registered Agent  Name <b>Peterson, Katherine</b> Street Address (P.O. Box Number is Not Acceptable) <b>6886 SE 12th Terrace</b> City <b>Ocala</b> <b>FL</b> Zip Code <b>34480</b>		
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 <u><i>Katherine Peterson</i></u> <b>Katherine Peterson</b> <span style="float: right;"><b>4/8/08</b></span> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PETERSON, WILLIAM T</b> <b>5169 SE 39TH LOOP</b> <b>OCALA, FL 34480</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PETERSON, KATHERINE L</b> <b>5169 SE 39TH LOOP</b> <b>OCALA, FL 34480</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Peterson, Bill</b> <b>6886 SE 12th Terrace</b> <b>Ocala, FL 34480</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Peterson, Katherine</b> <b>6886 SE 12th Terrace</b> <b>Ocala, FL 34480</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<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.					
<b>SIGNATURE: <u><i>Katherine Peterson</i></u> <b>Katherine Peterson</b> <span style="float: right;"><b>4/8/08</b> <b>352-861-9215</b></span></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					