


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 06, 2008 8:00 am**  
**Secretary of State**


05-13-2008 90017 050 \*\*\*150.00

<b>DOCUMENT # P06000115751</b> 1. Entity Name D.K.B. ENTERPRISE OF N. FL. INC	
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Principal Place of Business 846 SW MAIN BLVD LAKE CITY, FL 32025	Mailing Address 846 SW MAIN BLVD LAKE CITY, FL 32025
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66013314



02142008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5506411	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BECK, KELLY 846 SW MAIN BLVD LAKE CITY, FL 32025	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 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>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BECK, DUANE 846 SW MAIN BLVD LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BECK, KELLY 846 SW MAIN BLVD LAKE CITY, FL 32025
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**DO NOT WRITE  
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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: Kelly Beck 6/2/08  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # \_\_\_\_\_