

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

01-25-2008 90029 024 ***150.00

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01112008 Chg-P CR2E034 (12/06)

4. FEE NUMBER 26-0724670 ☐ Applied For ☒ Not Applicable

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

DOCUMENT # P07000091487
1. Entity Name
B.J.B.K. CAPE, INC.



Principal Place of Business
**6615 N. ATLANTIC AVE.
CAPE CANAVERAL, FL 32920**

Mailing Address
**394 BRIGHTWATERS DR.
COCOA BEACH, FL 32931**
394

2. Principal Place of Business - No P.O. Box #
State, Apt # etc
City & State
Zip Country

3. Mailing Address
State, Apt # etc
City & State
Zip Country

6. Name and Address of Current Registered Agent
**KRAUSE, BRIGITTE
394 BRIGHTWATERS DR.
COCOA BEACH, FL 32931**

7. Name and Address of New Registered Agent
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 _____
Signature of the person authorized to execute this statement (must be a resident of Florida)
Signature of the registered agent (must be a resident of Florida)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	P KRAUSE, BRIGITTE 394 BRIGHTWATERS DR. COCOA BEACH, FL 32931 ☐ 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
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TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ 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 empowerments.

SIGNATURE: B. Krause B. KRAUSE 01-22-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR