


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90175 019 ***150.00

DOCUMENT # P93000053526 1. Entity Name B.K.D. TOO ENTERPRISES, INC.	
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Principal Place of Business 1965 EAST SOUTH TAMiami TRAIL VENICE, FL 34293 US	Mailing Address 1965 EAST SOUTH TAMiami TRAIL VENICE, FL 34293 US
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50047899



04262005 No Chg-P CR2E034 (10/03)

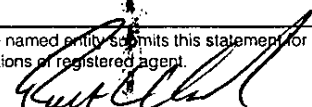
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4. FEI Number 65-0426470	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent - DIXON, DONALD W 1695 E. SOUTH TAMiami TRAIL VENICE, FL 34293

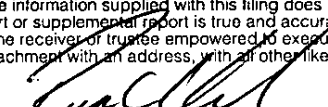
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.	DATE <u>4-25-05</u> (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HEGEDUS, ROBERT 1965 EAST SOUTH TAMiami TRAIL VENICE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>4-25-05</u> DAYTIME PHONE # <u>941-493-4200</u>