## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P95000062263



Principal Place of Business

**B&K EQUIPMENT SUPPLY, INC.** 

4723 SW 45 ST

DAVIE, FL 33314

Mailing Address

5941 SW 36TH TERRACE

STE A

FT LAUDERDALE, FL 33312 US

**FILED** Apr 26, 2004 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number 65-0602623 Not Applicable

04202004

\$8.75 Additional Fee Required

CR2E034 (10/03)

5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

KEATOR, BARWELL S 5941 S.W. 36TH TERRACE

DO	NOT	WRITE
IN	THIS	SPACE

No Cha-P

FT. LAUDERDALE, FL 33312				IN THIS SPACE				
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 signature required when reinstating)  DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May E Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000128405 04/26/04-80037-001	150.00		
10.								
THE NAME STREET ADDRESS CITY - ST - ZIP	D KEATOR, BARWELL S 5941 S.W.36TH TERRACE #A FT. LAUDERDALE, FL 33312							
NAME STREET ADDRESS CITY-ST-ZIP	VP TAYLOR, JANET B 5941 SW 36 TERR FT LAUDERDALE, FL							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	j		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE								

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR