

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90007 032 ***150.00

DOCUMENT # P95000066632

1. Entity Name

K & B ENTERPRISES, INC.



Principal Place of Business

13001 BELCHER ROAD
LARGO FL 33773

Mailing Address

12019 145TH STREET N
LARGO FL 33774

J4010141



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

911 WYNGATE CT.
Suite, Apt. #, etc.

City & State

City & State
SAFETY HARBOR, FL

4. FEI Number

59-3331609

Applied For

Not Applicable

Zip

Country

Zip

34695

Country

PINELLAS

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BYRD, BOBBY D
12019 145TH STREET N
LARGO FL 33774

Name

Street Address (P.O. Box Number is Not Acceptable)
911 WYNGATE CT.

City

SAFETY HARBOR

FL

Zip Code
34695

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BYRD, KATHLEEN T
STREET ADDRESS 12019 145TH STREET N
CITY-ST-ZIP LARGO FL 33774

TITLE D ☐ Delete
NAME BYRD, BOBBY D
STREET ADDRESS 12019 145TH STREET N
CITY-ST-ZIP LARGO FL 33774

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 911 WYNGATE CT.
CITY-ST-ZIP SAFETY HARBOR, FL. 34695

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 911 WYNGATE CT.
CITY-ST-ZIP SAFETY HARBOR, FL. 34695

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Bobby D Byrd*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1701 727-724-6237