2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P98000077996 Apr 26, 2006 08:00 AN 1. Entity Name **Secretary of State** B. & K. MANAGEMENT, INC. Principal Place of Business Mailing Address 34 SPORTSMAN LANE ROTONDA WEST FL 33947 34 SPORTSMAN LANE ROTONDA WEST FL 33947 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0875973 Not Applicable Country Zip Country Zφ \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GUNDERSON, MIKO P Street Address (P.O. Box Number is Not Acceptable) 1861 PLACIDA RD., STE. 204 ENGLEWOOD FL 34223 City 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 (NOTE Registered Agent signature required when reinstaling) DATE Signature, typed or printed name of registered agent and life if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 HILE ☐ Delete TITLE Change Addition NAME BATSEL, JAMES C MAME 34 SPORTSMAN LN. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ROTONDA WEST FL 33947 CITY-ST-7/P U00000535475 Change 05/08/06-80054-009 1 TITLE Delete NAME BATSEL, KATHERINE E NAME STREET ADDRESS STREET ADDRESS 34 SPORTSMAN LN. ROTONDA WEST FL 33947 CHY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addii: »AMt STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP HILE ☐ Defete Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ A.5."... Delete TITLE Change HILE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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