FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # P9900054694

1. Entity Name

BCK, Inc.



FILED Apr 19, 2006 8:00 am Secretary of State 04-19-2006 90104 005 ***150.00

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| $\cap$ | <b>NOT WRITE</b> | IN THIS   | SPACE   |  |
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|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------|--|
| 2. Principal Plac                                                                                | l l                                                                                   | 3. Mailing Address<br>2460 US Hi | gh way l                             |                                                                                                  |                                   |  |
| 2460 US Highway 1         2460 US High           Suite, Apt. #, etc.         Suite, Apt. #, etc. |                                                                                       |                                  | <u> </u>                             | CR2E034B (8/05)                                                                                  |                                   |  |
| City & State<br>Mims, FL                                                                         |                                                                                       | City & State Mims, FL            |                                      | 4. FEI Number 59-3584278                                                                         | Applied For<br>Not Applicable     |  |
| Zip<br>32754                                                                                     | Country USA                                                                           | Zip<br>32754                     | Country                              |                                                                                                  | \$8.75 Additional<br>Fee Required |  |
|                                                                                                  |                                                                                       |                                  | Name                                 | 7. Name and Address of Current Registered                                                        | l Agent                           |  |
|                                                                                                  | DO_NOT_WF                                                                             |                                  | Street Address                       | Nikolaidis, <u>Vasilios</u> Street Address (P.O. Box Number is Not Acceptable) 2460 US Highway 1 |                                   |  |
|                                                                                                  | IN THIS SPA                                                                           | CE                               |                                      | Mims, Florida_32754                                                                              |                                   |  |
|                                                                                                  |                                                                                       |                                  | City                                 | FL                                                                                               | Zip Code                          |  |
|                                                                                                  | amed entity submits this statement for th<br>ns of registered agent.                  | e purpose of changing it         | s registered office or regis         | tered agent, or both, in the State of Florida. I am f                                            | amiliar with, and accept          |  |
| SIGNATURE                                                                                        |                                                                                       |                                  |                                      |                                                                                                  |                                   |  |
|                                                                                                  | gnature, typed or printed name of registered agent and tary 1 - May 1 Fee is \$150.00 | title if applicable. (NO         | TE. Registered Agent signature requi |                                                                                                  |                                   |  |
|                                                                                                  | fter May 1, Fee is \$550.00<br>Amended AR is \$61.25                                  |                                  |                                      | 9. Election Campaign Financing Trust Fund Contribution.                                          | \$5.00 May Be<br>Added to Fees    |  |
| Make Check P                                                                                     | 'ayable to Florida Department of St<br>OFFICERS AND DIF                               |                                  |                                      |                                                                                                  |                                   |  |
| TITLE                                                                                            | ·                                                                                     | RECTORS                          | TITLE                                |                                                                                                  |                                   |  |
| NAME.                                                                                            | l P                                                                                   |                                  | NAME                                 |                                                                                                  | :                                 |  |
| STREET ADDRESS<br>ETTY-ST-ZIP                                                                    | 2460 N. US Highwa                                                                     | y 1                              | STREET ADDRESS<br>CITY-ST-ZIP        |                                                                                                  |                                   |  |
| TING                                                                                             | -Mims, Florida-32                                                                     | /54                              | TITLE                                |                                                                                                  |                                   |  |
| NAME;<br>STREET ADORESS                                                                          |                                                                                       |                                  | NAME<br>STREET ADDRESS               |                                                                                                  |                                   |  |
| CITY-ST-ZIP                                                                                      |                                                                                       |                                  | CITY-ST-ZIP                          |                                                                                                  |                                   |  |
| TITLE                                                                                            |                                                                                       |                                  | TITLE<br>NAME                        |                                                                                                  |                                   |  |
| NAME<br>STREET ADDRESS                                                                           |                                                                                       |                                  | STREET ADDRESS                       | DO NOT WEL                                                                                       | TE                                |  |
| GHY-ST-ZIP                                                                                       |                                                                                       |                                  | CHY-ST-ZÎP                           | DO NOT WRI                                                                                       |                                   |  |
| TITLE<br>NAME                                                                                    |                                                                                       |                                  | TITLE<br>NAME                        | IN THIS SPAC                                                                                     | CE                                |  |
| STREET ADDRESS                                                                                   |                                                                                       |                                  | STREET ADDRESS                       |                                                                                                  |                                   |  |
| CITY-ST-ZIP                                                                                      |                                                                                       |                                  | CITY-ST-ZIP                          |                                                                                                  |                                   |  |
| TITLE<br>NAME                                                                                    |                                                                                       |                                  | TITLE<br>NAME                        |                                                                                                  |                                   |  |
| STREET ADDRESS                                                                                   |                                                                                       |                                  | STREET ADDRESS                       |                                                                                                  |                                   |  |
| CITY-ST-ZIP                                                                                      |                                                                                       |                                  | CITY-ST-ZIP                          |                                                                                                  |                                   |  |
| TITLE NAME                                                                                       |                                                                                       |                                  | TITLE<br>NAME                        |                                                                                                  |                                   |  |
| STREET ADDRESS                                                                                   |                                                                                       |                                  | STREET ADDRESS                       |                                                                                                  |                                   |  |

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 on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: (

CITY-ST-ZIP