


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90182 039 ***150.00

DOCUMENT # P99000096995 1. Entity Name B & K ENTERPRISES OF PASCO, INC.					
Principal Place of Business 2027 GRAND BLVD. HOLIDAY FL 34690			Mailing Address 2027 GRAND BLVD. HOLIDAY FL 34690		
2. Principal Place of Business - No P.O. Box # 7206 State Rd 54 <small>Suite, Apt. #, etc.</small>		3. Mailing Address P.O. Box 3072 <small>Suite, Apt. #, etc.</small>			
City & State New Port Richey FL <small>Zip</small> 34653 <small>Country</small> Pasco		City & State Holiday FL <small>Zip</small> 34692-3072 <small>Country</small> Pasco		4. FEI Number 59-3606527 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/06)	
6. Name and Address of Current Registered Agent KIRIWAS, ANTON 2027 GRAND BLVD HOLIDAY FL 34690			7. Name and Address of New Registered Agent Name Anton Kiriwas Street Address (P.O. Box Number is Not Acceptable) 7206 State Rd 54 City New Port Richey FL <small>Zip Code</small> 34653		
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 <u><i>Anton Kiriwas</i></u> 4-9-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KIRIWAS, ANTON 2027 GRAND BLVD. HOLIDAY FL 34690	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	7206 State Rd 54 New Port Richey, FL 34653
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KIRIWAS, ANGELA M 2027 GRAND BLVD. HOLIDAY FL 34690	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	7206 State Rd 54 New Port Richey, FL 34653
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Anton Kiriwas</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-9-07 727-967-3726 <small>Date Daytime Phone #</small>		