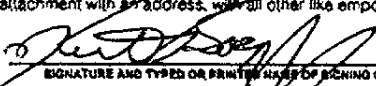


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT #V13714					
1. Entity Name B & K ENTERPRISE OF JACKSONVILLE, INC.					
Principal Place of Business 8630 LEM TURNER ROAD JACKSONVILLE, FL 32208 US		Mailing Address 8630 LEM TURNER ROAD JACKSONVILLE, FL 32208 US			
DO NOT WRITE IN THIS SPACE		04252006 No Chg-P CR2E034 (11/05)			
		4. FEI Number 59-3112975 <table border="1"> <tr> <td>Applied For</td> <td></td> </tr> <tr> <td>Not Applicable</td> <td></td> </tr> </table>		Applied For	
Applied For					
Not Applicable					
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MAKOFKA, LESTER 218 E. FORSYTH ST. JACKSONVILLE, FL 32202		DO NOT WRITE 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		DATE _____ (NOTE: Registered agent signature required when consenting)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
		U00000557478 05/17/06-80052-014 150.00			
10. OFFICERS AND DIRECTORS					
TITLE	DP				
NAME	BOYCE, KEITH				
STREET ADDRESS	8630 LEM TURNER ROAD				
CITY-ST-ZIP	JACKSONVILLE, FL				
TITLE	S				
NAME	BOYCE, KEITH L S				
STREET ADDRESS	8630 LEM TURNER ROAD				
CITY-ST-ZIP	JACKSONVILLE, FL				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 Chapter 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: 		4/25/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date			