## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V21537

FILED Feb 07, 2005 Secretary of State

Entity Name: B & K LANDSCAPE & MAINTENANCE INC.

rincipal Place o				
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
ORA ST DLA, FL 32526				
lailing Address	:	New Mailing Addres	s:	
ORA ST DLA, FL 32526				
: 59-3114619	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
DLA, FL 32526	US bmits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
	Signature of Registered Ag	gent	Date	
mpaign Financing 1	Trust Fund Contribution ( ).			
S AND DIRECT	ORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
* *	ARA, 	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
PENSACOLA, FL	32320	• ,		
7 (C) + F	lailing Address  ORA ST  OLA, FL 32526  : 59-3114619  I Address of Cu  , BARBARA  ORA ST  OLA, FL 32526  e named entity su e of Florida.  RE:  Electronic  mpaign Financing 1  S AND DIRECTO  WIGGINS, BARBA	lailing Address:  ORA ST OLA, FL 32526  : 59-3114619 FEI Number Applied For ( ) I Address of Current Registered Agent:  BARBARA ORA ST OLA, FL 32526 US  e named entity submits this statement for the e of Florida.  RE:  Electronic Signature of Registered Agent Agen	New Mailing Address:  ORA ST OLA, FL 32526  : 59-3114619 FEI Number Applied For ( ) FEI Number Not Applicable ( )  I Address of Current Registered Agent:  Name and Address of BARBARA ORA ST OLA, FL 32526 US  e named entity submits this statement for the purpose of changing its registere e of Florida.  RE:  Electronic Signature of Registered Agent  mpaign Financing Trust Fund Contribution ( ).  S AND DIRECTORS:  V ( ) Delete WIGGINS, BARBARA,  Name:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA L. WIGGINS V 02/07/2005