

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90103 003 ***158.75

DOCUMENT # V21537

1. Entity Name

B & K LANDSCAPE & MAINTENANCE INC.



Principal Place of Business

7200 LENORA ST
PENSACOLA FL 32526

Mailing Address

7200 LENORA ST
PENSACOLA FL 32526

2. Principal Place of Business

7200 Lenora St

Suite, Apt. #, etc.

3. Mailing Address

7200 Lenora St

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

PENSACOLA FL

Zip

32526

Country

US

Zip

32526

Country

US

4. FEI Number

59-3114619

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WIGGINS, BARBARA
7200 LENORA ST
PENSACOLA FL 32526

7. Name and Address of New Registered Agent

Name Kenneth Wiggins
Street Address (P.O. Box Number is Not Acceptable)
7200 Lenora St

City

PENSACOLA

FL

Zip Code

32526

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

Kenneth Wiggins

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-4-06

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE V ☒ Delete
NAME WIGGINS, BARBARA
STREET ADDRESS 7200 LENORA ST.
CITY-ST-ZIP PENSACOLA FL 32526

TITLE P ☐ Delete
NAME WIGGINS KENNETH
STREET ADDRESS 7200 LENORA ST
CITY-ST-ZIP PENSACOLA FL 32526

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: Kenneth Wiggins Kenneth Wiggins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-06

Date

850-232-7991

Daytime Phone #