


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90018 002 ***150.00

DOCUMENT # V25553	
1. Entity Name BKK, INCORPORATED	

Principal Place of Business 29 MORBANK DR SCARBOROUGH, ONTARIO, CA MIV -2MI	Mailing Address 29 MORBANK DR SCARBOROUGH, ONTARIO, CA MIV -2MI
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24003733

2. Principal Place of Business 5600 Marina Dr.	3. Mailing Address 6400 Manatee Ave. West
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite L-125
City & State Holmes Beach, Florida	City & State Bradenton, Florida
Zip 34217	Country USA
Zip 34209	Country USA

01192004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3161257	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ELDRIDGE, FRANCIS L 6400 MANATEE AVENUE WEST, SUITE L BRADENTON, FL 34209	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELISIS, NICK 29 MORBANK DR SCARBOROUGH, ONTARIO CANADA, MIV 2MI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOTSOPOULOS, WILLIAM 29 MORBANK DR SCARBOROUGH, ONTARIO CANADA, MIV 2MI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **F.L. Eldridge** Date **1-20-04** Daytime Phone # **941-795-1964**