



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

P3 102

<b>DOCUMENT #</b> 31267 <b>1. Entity Name</b> B & K ASSOCIATES, INC.				<b>FILED</b> JUN 25 PM 2:04 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>Principal Place of Business</b> 1909 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308 US		<b>Mailing Address</b> 1909 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308 US		 06232004 Chg-P CR2E034 (10/03)	
<b>2. Principal Place of Business</b> 1897 Capital Cr NE Suite, Apt. #, etc.		<b>3. Mailing Address</b> PO Box 14106 Suite, Apt. #, etc.			
<b>City &amp; State</b> Tallahassee FL Zip 32308 Country		<b>City &amp; State</b> Tallahassee FL Zip 32317 Country			
<b>4. FEI Number</b> 59-3120647		<b>Applied For</b> <input type="checkbox"/> Not Applicable		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> PRICE, VINCENT H JR. 560 FRANK SHAW RD. TALLAHASSEE, FL 32312		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
<b>8. The above named entity submits this statement for the purpose of checking its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE <u>Price Vincent Jr.</u> <u>B. Vincent</u> <u>6/23/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PD PRICE, VINCENT H JR. 1909 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300038414983 06/29/04--01021--019 **150.00	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VPD DAVIS, KEVIN M 1909 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D MILLER, ULMER G 440 MORRIS ROAD MONTICELLO, FL	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>B. Vincent</u> <u>Price Vincent Jr.</u> <u>6/23/04</u> <u>850-877-2522</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**B & K Associates**  
Post Office Box 14106  
Tallahassee, Florida 32317  
Tel (850) 877-2522 Fax (850) 385-7702

PS 232

June 23, 2004

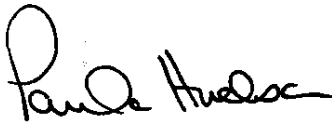
Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

We are asking for a waiver of the Late Fee of \$400, as we never received the Annual Report for 2004.

It appears the report would have been sent to 1909 Capital Circle, Tallahassee, Florida. All supporting documents available on your site show the address as above. All future correspondence should be sent to the post office box on the attached form

Attached is our check in the amount of \$150. for 2004.

Sincerely,



Paula Hudson