

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-12-2006 90171 032 ***150.00

DOCUMENT # 332580

1. Entity Name
G & K ASSOCIATES, INC.



Principal Place of Business
**341 E. FORSYTH ST
JACKSONVILLE, FL 32202**

Mailing Address
**341 E. FORSYTH ST
JACKSONVILLE, FL 32202**

40001119



2. Principal Place of Business
337 E. Forsyth St.
Suite, Apt. #, etc.

3. Mailing Address
337 E. Forsyth St.
Suite, Apt. #, etc.

01042006 Chg-P CR2E034 (11/05)

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
59-1218716

Applied For
Not Applicable

Zip Country
32202 USA

Zip Country
32202 USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MADISON, BAKER W
341 E FORSYTH ST
JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent

Name
Madison, Baker W.
Street Address (P.O. Box Number is Not Acceptable)
337 E. Forsyth St.
City
Jacksonville FL Zip Code
32202

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 **Baker, W. Pres.**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1.9.06

**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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSTD
MADISON, BAKER W
341 E FORSYTH ST
JACKSONVILLE, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
MADISON, BAKER W
341 E FORSYTH ST
JACKSONVILLE, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
337 E. Forsyth St.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
337 E. Forsyth St.

TITLE
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☐ Change ☐ Addition

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: **Baker, W. Pres.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.9.06 (904) 355.4549
Date Daytime Phone #