


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # G26678
 1. Entity Name
A & K INVESTMENTS CO.



Principal Place of Business
4137 W VINE STREET
KISSIMMEE, FL 34741 US

Mailing Address
4137 W. VINE STREET
KISSIMMEE, FL 34741 US

DO NOT WRITE IN THIS SPACE



04192006 No Chg-P CRZE034 (11/05)

4. FEI Number
59-2286471

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CHADEESINGH, KAMAL
4137 W VINE STREET
KISSIMMEE, FL 34741

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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**

DATE
05/04/06-80086-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD CHADEESINGH, KAMAL 4137 W VINE ST KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VT CHADEESINGH, ALICE 4137 W. VINE ST KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S ALICE, CHEDEESINGH 4137 W VINE ST KISSIMMEE, FL
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/19/06** (Handwritten)
 Telephone #: **(407) 238-1890** (Handwritten)