


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90261 036 \*\*\*150.00

**DOCUMENT # P0000079931**  
 1. Entity Name  
**G & K ENTERPRISES OF S.W. FLORIDA, INC.**




Principal Place of Business  
**2238 TRADE CTR  
 NAPLES, FL 34109**

Mailing Address  
**2238 TRADE CTR  
 NAPLES, FL 34109**

2. Principal Place of Business  
*2240 Trade Center Way*  
 Suite, Apt. #, etc.

3. Mailing Address  
*2240 Trade Center Way*  
 Suite, Apt. #, etc.

City & State  
 Zip Country



04272004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3664404**

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

**6. Name and Address of Current Registered Agent**

**SOUTHWEST PROFESSIONAL SERVICES OF FORT MYERS, INC.**  
 13571 MCGREGOR BLVD #22  
 FORT MYERS, FL 33919

**7. Name and Address of New Registered Agent**

Name *Jeffrey S. Schelling*  
 Street Address (P.O. Box Number is Not Acceptable)  
*2240 Trade Center Way*  
 City *Naples* FL Zip Code *34109*

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]* (NOTE: Registered Agent signature required when reinstating)

DATE *04/27/04*

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>WILK, GREGORY A</b>	
STREET ADDRESS	<b>9119 THE LANE</b>	
CITY-ST-ZIP	<b>NAPLES, FL 33942</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: *4/27/04*  
 DATE

DAYTIME PHONE #: *(239) 591-0548*  
 DAYTIME PHONE #