2005 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P00000079931

G & K ENTERPRISES OF S.W. FLORIDA, INC.



FILED May 03, 2005 8:00 am Secretary of State

05-03-2005 90143 029 ***150.00

Principal Plac	e of Business	Ma	ailing Address							
2240 TRADE CENTER WAY NAPLES, FL 34109			2240 TRADE CENTER WAY Naples, Fl 34109				÷	500	17072	
								2) 31 105 0	ana nana nat a k ni	
2. Principal Place of Business		3.	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02032005	Chg-P	CR2E	034 (10/03)	
City & State		(City & State			4. FEI Numb 59-366			<u> </u>	oplied For ot Applicable
Zip	·		Zip Country		itry	5. Certificate	of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent						7. Name and	Address of New	Registered	Agent	
SCHELLING, JEFFREY S 2240 TRADE CENTER WAY NAPLES, FL 34109					Name Street Ado	dress (P.O. Box Numb	er is Not Acceptab	ele)		
					City			FL	Zip Cod	e
	named entity submits this stater ions of registered agent.	nent for the p	urpose of changing its	registere	ed office or re	egistered agent, or bo	th, in the State of F	lorida. Lam	familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registers	and against and tale i	fannicatha (NOTE	: Conjectoro	d Agent signet, re	e required when reinstating)		DATE		
		a agont and this	- thore	Hegistere	a rigorit signature	required when tensitating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.0 ay 1, 2005 Fee will be \$	0 550.00	9. Election Campai Trust Fund Conti	_	ncing	\$5.00 May Be Added to Fees				
10.		AND DIREC	TORS	11.		ADDITIONS,	CHANGES TO OF	FICERS AN	D DIRECTOR	S IN 11
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	NAPLES, FL 33942			_						
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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 eath; 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: _

Daytime Phone #