


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000015415

1. Entity Name
DKS, INC.



Principal Place of Business
**7236 ARROW POINT TRAIL SOUTH
 JACKSONVILLE, FL 32277**

Mailing Address
**7236 ARROW POINT TRAIL SOUTH
 JACKSONVILLE, FL 32277**

DO NOT WRITE IN THIS SPACE



07242004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3709294

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SNEAD, DOROTHY P
 7236 ARROW POINT TRAIL SOUTH
 JACKSONVILLE, FL 32277**

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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 _____ (NOTE: Registered Agent signature required when requesting) _____ DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004

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

U00000168307
 08/02/04-80002-013 550.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SNEAD, DOROTHY P
STREET ADDRESS	7236 ARROW POINT TRAIL SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D), 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: Dorothy P. Snead **Dorothy P. Snead** 7-26-04 904-744-1511

SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR Date Daytime Phone