2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

02-04-2005 90050 047 *****5.00
03-16-2005 90027 028 *** 100.45
04-21-05 01003 024 *** 44.55

DOCUMENT # P01000015415

1. Entity Name
DKS, INC.

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

DO NOT WRITE IN THIS SPACE

01302005 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: Dorothy P. Snead 1/31/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

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	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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 3/14/05 904-635-3605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #