


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000015415 1. Entity Name DKS, INC.	
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Principal Place of Business 7236 ARROW POINT TRAIL SOUTH JACKSONVILLE, FL 32277	Mailing Address 7236 ARROW POINT TRAIL SOUTH JACKSONVILLE, FL 32277
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DO NOT WRITE IN THIS SPACE

07052008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3709294	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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.

U00000953794
 07/09/08-80005-024 150.00

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	OP
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	

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IN THIS SPACE

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: Dorothy P. Snead 7/6/08

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type or Print Name)