


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000097085  
1. Entity Name  
A & K CONSTRUCTION GROUP, INC.



Principal Place of Business: 265 FT SMITH BLVD, DELTONA, FL 32738  
Mailing Address: 265 FT SMITH BLVD, DELTONA, FL 32738

**DO NOT WRITE IN THIS SPACE**



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number: 55-0817041 Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
ALVAREZ, JOSE M JR  
265 FT SMITH BLVD  
DELTONA, FL 32738

**DO NOT WRITE  
IN THIS SPACE**

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 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: D NAME: ALVAREZ, JR., JOSE M STREET ADDRESS: 10 DOMINGO RD CITY-ST-ZIP: DELAND, FL 32724	<p>01/14/05-80048-006 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
TITLE: VPST NAME: KEEFEE, TIMOTHY F STREET ADDRESS: 1590 VEBANA AVE CITY-ST-ZIP: DELTONA, FL 32725	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ 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: Tim Keefe 1-10-05  
Date: 1-10-05 Daytime Phone #: 407 302 0456