## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_\_

## FILED Feb 06, 2004 8:00 am Secretary of State

DOCUMENT # P03000012013  1. Entity Name DKMK MANAGEMENT COMPANY, INC.								02-06-2004 90	0012 001		0
Principal Place of Business 751 PINELLAS BAYWAY SOUTH #202 ST PETERSBURG, FL 33715  Malling Address 751 PINELLAS BAYWAY SOUT ST PETERSBURG, FL 33715						#202		abiba kili ûğık abik abik	i Adam sera sela	i Olië: Janua rii	<b>    </b>
2. Principal Place of Business				3. Mailing Address			<b>      </b>				
Suite, Apt. #, etc.				Suite, Apt. #, etc.		02032004	Chg-P	CR2E03	4 (10/03)		
City & State				City & State		4. FEI Number	0584424		No	plied For t Applicable	
Zip	<u> </u>			Zip	itry	5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					
KRAMER, DAVID 751 PINELLAS BAYWAY SOUTH #202 ST PETERSBURG, FL 33715						Street Address (P.O. Box Number is Not Acceptable)					
					City			FL	Zip Code		
The above named entity subglits this statement for the purpose of changing its registered the obligations of registered agent.							ered agent, or bo	th, in the State of Flo		amiliar with,	and accept
SIGNATURE_	X	d or printed name of reg	pistered agent and titl	e if applicable. (NOT	TE: Registere	d Agent signature requir	red when reinstating)		2/4/04	<u>.</u>	
FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$15 4 Fee will b	e \$550.00	9. Election Campa Trust Fund Con	aign Finar tribution.	ncing _ \$!	5.00 May Be ided to Fees		·		
10.	T	OFFIC	CERS AND DIRE		11.		ADDITIONS	CHANGES TO OFF	ICERS AND		
NAME STREET ADDRESS CITY-ST-ZIP	I	t, DAVID ELLAS BAYWA RSBURG, FL		□ Delete		_				☐ Chánge	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		☐ Delete						☐ Change	Addition
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12. I hereby indicated of the column changed	certify that the certify that the certify that the certific transfer on the certific transfer of the certific transfer on the certific transfer of the certific transfer on the certific transfer of transfer	ne information su ort or supplemen the receiver or the tackiment with a	opplied with this tal report is frue state empower address, with	filing does not quality for and accurate and that ed to execute this repor all other like empowered	or the exe my signa t as requ	emption stated in stated in stature shall have the ired by Chapter 6	Section 119.07(3) e same legal effe 07, Florida Statuti	(i), Florida Statutes. of as if made under os; and that my name	I further cert path; that I a e appears in	ify that the ir m an officer Block 10 or	nformation or director r Block 11 if