

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # K99559

1. Entity Name
GKJ MANAGEMENT, INC.



Principal Place of Business

**129 NW 10TH AVE
GAINESVILLE, FL 32601**

Mailing Address

**129 NW 10TH AVE
GAINESVILLE, FL 32601**

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2953930

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCMILLIAN, GLEN
129 NW 10TH AVE
GAINESVILLE, FL 32601**

**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

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	P
NAME	MCMILLIAN, GLEN
STREET ADDRESS	2128 NW 29TH AVE
CITY - ST - ZIP	GAINESVILLE, FL
TITLE	S
NAME	MCMILLIAN, KENNETH
STREET ADDRESS	2128 NW 29TH AVE
CITY - ST - ZIP	GAINESVILLE, FL 32605
TITLE	T
NAME	MCMILLIAN, JON
STREET ADDRESS	2128 NW 29TH AVE
CITY - ST - ZIP	GAINESVILLE, FL 32605
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**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)(f), 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:

Kenneth G. McMillian **Kenneth G. McMillian** 1-5-05 3523789842

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #