
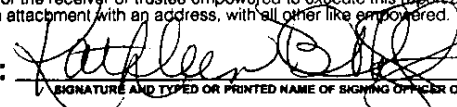


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90108 001 ***150.00

DOCUMENT # 349406 1. Entity Name PK PRODUCTION AND DEALER SUPPLIES, INC.			
Principal Place of Business 1211 CARRIE WOOD DR. VALRICO, FL 33594		Mailing Address 1211 CARRIE WOOD DR. VALRICO, FL 33594	
2. Principal Place of Business - No P.O. Box # 1211 CARRIE WOOD DR.		3. Mailing Address 1211 CARRIE WOOD DR.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State VALRICO, FL		City & State VALRICO, FL	
Zip 33596		Zip 33596	
Country USA		Country USA	
4. FEI Number 59-1265800		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 HUFF, KATHLEEN B. 1211 CARRIE WOOD DR. VALRICO, FL 33594		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1211 CARRIE WOOD DR. City VALRICO State FL Zip Code 33596	
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:  Kathleen B. Huff-PD 1/10/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input type="checkbox"/> Delete NAME HUFF, KATHLEEN B STREET ADDRESS 1211 CARRIE WOOD DR. CITY-ST-ZIP VALRICO, FL 33594	TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Huff, Kathleen B STREET ADDRESS 1211 Carrie Wood Dr. CITY-ST-ZIP VALRICO, FL 33596	TITLE VPD <input type="checkbox"/> Delete NAME PESONEN, DANIEL L. STREET ADDRESS 1211 CARRIE WOOD DR. CITY-ST-ZIP VALRICO, FL 33594	TITLE VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME PESONEN, DANIEL L. STREET ADDRESS 1211 CARRIE WOOD DR. CITY-ST-ZIP VALRICO, FL 33596
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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:  Kathleen B. Huff		Date 1-10-08 Daytime Phone # 813-681-1407	

ATTACHMENT

40003700
349406

Please note:
zip code
change on all
addresses