

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 473740					
1. Entity Name S & K INVESTMENTS, INC.					
Principal Place of Business 7780 KENTTREE LANE P.O. BOX 102 GOLDENROD FL 32733			Mailing Address 7780 KENTTREE LANE P.O. BOX 102 GOLDENROD FL 32733		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1581363 Applied For ☐ Not Applicable ☒	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MCCORMICK, JOHN M. 501 E. CHURCH ST. ORLANDO FL 32801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ Signature must be printed name of registered agent and title. Indicate if NOTE: Registered Agent fee due required when changing.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	SD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	JACOBUS, CAROL KENT		NAME		
STREET ADDRESS	1730 HINKLEY RD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32808		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	KENT, WILLIAM B		NAME		
STREET ADDRESS	P.O. BOX 19584 BIG BUCK CR		STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	TOMASZEWSKI, RACHEL K		NAME		
STREET ADDRESS	5135 STAGE COACH RD		STREET ADDRESS		
CITY-ST-ZIP	COLLETE STATION TX 77845		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	KENT, HARRIETTE W		NAME		
STREET ADDRESS	7780 KENT REET LN		STREET ADDRESS		
CITY-ST-ZIP	GOLDENROD FL 32733		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
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STREET ADDRESS			STREET ADDRESS		
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1st MOORE CR2E034 (10/07)

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CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Harriette W Kent* **4/10/08** **407-671-5962**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #