

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 610472	
1. Entity Name SOBEK, INC.	

Principal Place of Business 1941 NE 49TH AVE OCALA, FL 34470	Mailing Address PO BOX 1043 OCALA, FL 34478-1043 US
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DO NOT WRITE IN THIS SPACE



04232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2055913	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
DILL, BILLY W 1941 NE 49TH AVE OCALA, FL	

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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 in printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required after each filing.) CA's

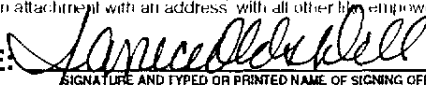
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PD	DILL, BILLY W 1941 NE 49TH AVE OCALA, FL
TITLE VSTD	DILL, JANICE OLDS 1941 NE 49TH AVE. OCALA, FL
TITLE NAME	STREET ADDRESS CITY ST ZIP
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04/29/04-30101-010 150.00

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 107, 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 information empowered.

SIGNATURE:  **JANICE OLDS DILL** **4/26/04 (352)7324613**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR