

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 852232

1. Entity Name
GK TECHNOLOGIES, INCORPORATED



Principal Place of Business
4 TESSENEER DR
HIGHLAND HEIGHTS, KY 41076 US

Mailing Address
4 TESSENEER DR
HIGHLAND HEIGHTS, KY 41076 US

FILED
Apr 24, 2006 08:00 AM
Secretary of State



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3064555

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000530366
05/05/06-80113-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO KENNY, GREGORY 7756 TECUMSEH TR. CINCINNATI, OH 45243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDTA VIRGULAK, CHRISTOPHER F 8124 STARTING GATE LN CINCINNATI, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDS SIVERD, ROBERT J. 6700 ALBERLY RD. CINCINNATI, OH 45243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WHELAN, JEFFREY J 9006 PATRICKS GLEN CINCINNATI, OH 45242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06

Date

859-572-800

Daytime Phone #