## **2007 FOR PROFIT CORPORATION**

## **FILED** Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90406 011 \*\*\*150.00 40088916 02232007 Chg-P CR2E034 (12/06) Applied For 37-1370866 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Zip Code FL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition Addition ☐ Change ■ Addition

## **ANNUAL REPORT**

DOCUMENT # F04000003238 S & K INVESTMENTS OF CHAMPAIGN, INC. Principal Place of Business Mailing Address 3900 SW 30TH AVE, STE 3 3900 SW 30TH AVE, STE 3 FORT LAUDERDALE, FL 33312 FORT LAUDERDALE, FL 33312 2. Principal Place of Business - No P.O. Box # 3. Mailing Address S 95 S Federal Hwy, Ste 200 Suitt 95 S Federal Hwy, Ste 200 Boca Raton, FL 33432 Boca Raton, FL 33432 4. FEI Number Country Zip 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRANDON BROWN PL Street Address (P.O. Box Number is Not Acceptable) 9045 LAFONTANA BLVD, B-1 BOCA RATON, FL 33434 City 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. CP TITLE TITLE Delete RICHARDSON, KENNETH E NAME NAME 95 S Federal Hwy, Ste 200 3900 SW 30TH AVE, STE 3 STREET ADDRESS STREET ADDRESS Boca Raton, FL 33432 CITY-ST-7IP FORT LAUDERDALE, FL 33312 CITY-ST-ZIP TITLE ☐ Delete TITLE RICHARDSON, SUSAN NAME NAME 95 S Federal Hwy, Ste 200 STREET ADDRESS 3900 SW 30TH AVE, STE 3 STREET ADDRESS Boca Raton, FL 33432 CITY-ST-ZIP FORT LAUDERDALE, FL 33312 CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. 27/07 561-869-4300 SIGNATURE: