

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # F04520 1. Entity Name L.K.S. ASSOCIATES, INC.					
Principal Place of Business 1721 SE 16TH AVE, STE 101 OCALA FL 34471 US				Mailing Address 1721 SE 16TH AVE, STE 101 OCALA FL 34471 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2048229 ☐ Applied For ☐ Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAUEY, LAWRENCE K. 1721 SE 16TH AVE, STE 101 OCALA FL 34471				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE _____ Signature, typed or printed name of registered agent and title, if applicable. (MOORE Registered Agent signature required when transferring)	
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 NAME STREET ADDRESS CITY-STATE-ZIP	PD SAUEY, LAWRENCE K 1721 SE 16TH AVE, STE 101 OCALA FL 34471	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD SAUEY, MARILYN L 1721 SE 16TH AVE, STE 101 OCALA FL 34471	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	(Empty)	☐ Delete			
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 empowerments.			U00000888120 04/21/08-80047-017-150.00		
SIGNATURE:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					