

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000000069

1. Entity Name
J.K.K. REALTY (DELAWARE), INC.



Principal Place of Business
C/O THE CORPORATION TRUST COMPANY
1209 ORANGE STREET
WILMINGTON, DE 19801

Mailing Address
1201 US HWY ONE
SUITE 435
N. PALM BCH., FL 33408



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3763468

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KAMINSKI, CAROL A
1201 US HWY ONE
SUITE 435
NORTH PALM BCH, FL 33408

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KENNY, J K
STREET ADDRESS	1201 US HWY 1 STE 435
CITY- ST- ZIP	NORTH PALM BEACH, FL 33408
TITLE	S
NAME	KAMINSKI, CAROL ANN
STREET ADDRESS	1201 US HWY 1 STE 435
CITY- ST- ZIP	NORTH PALM BEACH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

UN0000185631
01/21/05-80025-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JKEVIN KENNY

1-14-05

Date

561-626-5212

Daytime Phone #