

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90052 037 ***150.00

DOCUMENT # F96903

1. Entity Name

J.K.C. ENTERPRISES, INC.



Principal Place of Business
3006 NE 20 WAY
GAINESVILLE FL 32609
US

Mailing Address
3006 NE 20 WAY
GAINESVILLE FL 32260
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2222150

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CHU, LOURDES MARIA~~
~~RT 2 BOX 196~~
~~3221 SW 170TH ST~~
~~ARCHER FL 32618~~

Delete

Name **JEFFREY KAI CHU**

Street Address (P.O. Box Number is Not Acceptable)

3006 NE 20th WAY

City **Gainesville**

FL

Zip Code **32609**

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

Jeffrey Kai Chu

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

1-26-07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
CHU, JEFFREY KAI
RT 2 BOX 196; 3221 SW 170TH ST
ARCHER FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
CHU, JEFFREY KAI
3006 NE 20th way
GAINESVILLE, FL 32609 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
CHU, LOURDES M
RT 2 BOX 196; 3221 SW 170TH ST
ARCHER FL ☒ Delete

TITLE
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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 empowered.

SIGNATURE:

Jeffrey Kai Chu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-07 (352)262-5764

Date

Daytime Phone #