2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # G04528

1. Entity Name E, E & K, INC.

FILED Apr 22, 2004 08:00 AM Secretary of State

Principal Place of Business

1320 HWY 92 WEST WINTER HAVEN, FL 33881 US

Mailing Address

1320 HWY 92 WEST

WINTER HAVEN, FL 33881

US



01282004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2228000

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

OVERBAY, ELBERT H JR 9065 HICKORY WALK LAKE ALFRED, FL 33850

SIGNATURE:

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9 The chave	annual antitu automita this statement for the pu	to recipion	d office or r	nnictored const. or he	the in the State of Clorida. I am familiar with and accept
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 except the obligations of registered agent.					
SIGNATURE all H. Overline 4-20-04					
Signature, typed or printed name of registered agent and title inspirable (NOTE, Registered Agent signature required when remain					DATE
FILE NOWISI FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	U00000123662 04/22/04-80014-010 150.00
10.	OFFICERS AND DIRECT	TORS			
INTLE NAME STREET ADDRESS CHY-ST-ZIP	DP OVERBAY JR, ELBERT H 9065 HICKORY WALK LAKE ALFRED, FL 33850				
iitle Name Street address City-Si-Zip	V OVERBAY, ELBERT H 250 21 ST SW WINTER HAVEN, FL 33880				
INTLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE MAME STREET ADDRESS CITY+51-ZIP					
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 decurred 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.					

OFFICER OR DIRECTOR