

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2004 8:00 am
Secretary of State

08-03-2004 90102 001 ***211.25

DOCUMENT # G61599

1. Entity Name
R. J. K. ENTERPRISES, INC.



Principal Place of Business
**1355 SUNSET POINT LANE
VERO BEACH, FL 32963 US**

Mailing Address
**MELLOTT & MELLOTT, P.L.L.
CERTIFIED PUBLIC ACCOUNTANTS
36 EAST FOURTH STREET
SUITE 600
CINCINNATI OH 45202-3810**

66431318



07202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KROVOCHECK, R J
1355 SUNSET POINT LANE
VERO BEACH, FL 32963**

**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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KROVOCHECK, MARJORIE ANN 1355 SUNSET POINT LANE VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KROVOCHECK, R. JACK 1355 SUNSET POINT LANE VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST KROVOCHECK, MARJORIE ANN 1355 SUNSET POINT LANE VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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 reports 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-26-04

Date

1-772-2312960

Daytime Phone #