

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 8:00 am
Secretary of State

01-25-2005 90062 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 PLL CPA
36 EAST FOURTH STREET STE 600
CINCINNATI, OH 45202-3810 US**

66006052



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FBI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

[Handwritten Signature]

1-14-05

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 \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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 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 registered 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:

[Handwritten Signature]

3-14-05 569-0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

Date

Daytime Phone #