


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # G61599 1. Entity Name R. J. K. ENTERPRISES, INC.	
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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
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01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For 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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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
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03/10/06-80046-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #