2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 OCT 24 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G61599

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

Principal Place of Business	Mailing Address
1355 SUNSET POINT LANE VERO BEACH, FL 32963 US	MELLOTT & MELLOTT PLL CPA 36 EAST FOURTH STREET STE 600 CINCINNATI, OH 45202-3810 US

DO NOT WRITE IN THIS SPACE

06122007 No Chg-P CR2E034 (11/05)

4. FEI 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 R J Krovocheck 8-24-07
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 14, 2007

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

300110057893
10/30/07--01033--008 **88.75

300110057893
09/28/07--01044--002 **61.25

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REINSTATEMENT 2007

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: R J Krovocheck 10-19-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #