

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 29, 2008 08:00 AM
Secretary of State

DOCUMENT # H03024	
1. Entity Name DOUBLE K ENTERPRISES, INC. OF DEERFIELD	

Principal Place of Business 3310 W HILLSBOROUGH BLVD DEERFIELD BEACH FL 33442 US	Mailing Address 3310 W HILLSBOROUGH BLVD DEERFIELD BEACH FL 33442 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
State, Apt. #, etc.	State, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 59-2410186	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FOSTER, JAMES E. 20 N. ORANGE AVENUE SUITE 600 ORLANDO FL 32801

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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. The placard. B.O.T.F. Registered Agent's signature separate when not changing.

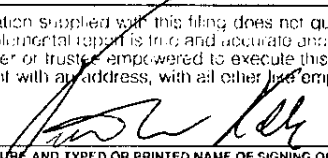
FILE NOW!!! (FEE IS \$150.00)
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution ☐

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KOLBE, KEITH 3310 W. HILLSBOROUGH BLVD DEERFIELD BEACH FL 33442 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FOSTER, JAMES E. 20 N. ORANGE AVE #600 ORLANDO FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000843261 03/11/08-80062-022 150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 law empowered.

SIGNATURE:  KEITH W. KOLBE 2/19/08 459429-OK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR