


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # H35796 1. Entity Name M.J.K. ENTERPRISES, INC.	
--	---

Principal Place of Business
442 MAGNOLIA AVE
SUITE 11
MERRITT ISLAND, FL 32952

Mailing Address
442 MAGNOLIA AVE
SUITE 11
MERRITT ISLAND, FL 32952



03282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2516239	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

FINNEY, PHILLIP W.
442 MAGNOLIA AVE
SUITE 11
MERRITT ISLAND, FL 32952

**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 re-registering)

DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	VD FINNEY, WALLACE L. 451-A MAGNOLIA AVE MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FINNEY, PHILLIP W. 436 MAGNOLIA AVE MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000716327
04/30/07-80027-021 150.00

**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: _____

Phillip W. Finney
SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR

4/17/2007 321-453-3050
Date Daytime Phone #