2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H76719

1. Entity Name FKH & ASSOCIATES, INC.



FILED May 01, 2008 08:00 Al Secretary of State

Principal Place o	f Busin	ess
9860 PINE ST.	.,	٠.
SEBASTIAN, FL	3297	6

Mailing Address

9860 PINE STREET MICCO, FL 32976



DO NOT WRITE IN THIS SPACE

Hansen

SIGNATURE: Flemming K. Hansen II
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04262008 No Chg-P CR2E034 (11/05)

4. FEI Number	Applied For
59-2777529	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

HANSEN, FLEMMING K. 9860 PINE STREET MICCO, FL 32976

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.	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Registered	Agent signature required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	\$5.00 May Be Added to Fees	 In the property of the control of the	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANSEN, FLEMMING K 9860 PINE STREET MICCO, FL 32976		,	: U00000940866 OS/28/08-80083-017 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN _,	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u>.</u>			
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 attacking it with all gather like empowered.					