


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # K22473 1. Entity Name RLK SERVICES, INC.	
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Principal Place of Business 501 S. FAULKENBURG RD #C-21 P.O. BOX 1229 BRANDON, FL 33509	Mailing Address 501 S. FAULKENBURG RD #C-21 P.O. BOX 1229 BRANDON, FL 33509
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01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0044163	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KIZER, RANDALL LANE 1229 CORINTH GREEN DR. SUN CITY CENTER, FL 33573	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 _____
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PD KIZER, RANDALL LANE 1229 CORINTH GREENS DR. SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIZER, DARLENE KAY 1229 CORINTH GREENS DR. SUN CITY CENTER, FL 33573
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Darlene K Kizer DARLENE K KIZER 2-2-05 813/684-9919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #