2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K29222

1. Entity Name
KIKER SERVICES CORPORATION

Principal Place of Business

1501 MISSOURI AVENUE
PALM HARBOR, FL 34683

Mailing Address

1501 MISSOURI AVENUE
PALM HARBOR, FL 34683

DO NOT WRITE IN THIS SPACE

01032005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2901665	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KIKER, JOHN R. III
1501 MISSOURI AVE.
PALM HARBOR, FL 34683

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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 title 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	PSTD	
NAME	KIKER, JOHN R., III	
STREET ADDRESS	1501 MISSOURI AVE	
CITY-ST-ZIP	PALM HARBOR, FL 346833642	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000289342
04/06/05-80021-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _John R. Kiker III Pres._ 3/30/05 727-777-8877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #