2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 09, 2004 8:00 am
Secretary of State
08-09-2004 90012 050 ***150.00

DOCUMENT # K84344

1. Entity Name
F M K, INC.

Principal Place of Business	Mailing Address
6621 PINE TREE CIRCLE LAKE CLARKE SHORES FL 33406-2334	6621 PINE TREE CIRCLE LAKE CLARKE SHORES FL 33406-2334

MOORE CR2E034 (4/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0177307 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~KEY, F.M.~~ 6621 PINE TREE CIRCLE LAKE CLARKE SHORES FL 33406	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☐

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KEY, F.M.	NAME	
STREET ADDRESS	6621 PINE TREE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	LK CLARK SHORES FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Flint M. Key   8-4-03   561-547-1105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
#K84344
4405165 1

FMK, Inc.
Manufacturers Representative

6621 Pine Tree Circle
Lake Clarke Shores, Fl 33406
Phone (561) 547-1105
Fax (561) 547-1107
mike@fmk.com

August 4, 2004~~002~~

To: Florida Department of State

Re: Corporate Report

From: Flint Michael Key
FMK, Inc.
President

Please find enclosed my Annual report for 2004. I failed to receive the first notification regarding this filing. Upon receipt of the late notice postcard, I requested the proper form (attached).

I have also enclosed my check for the $50.00 filing fee.

Sincerely,

F. Mike Key
President