

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

6621 PINE TREE CIRCLE
LAKE CLARKE SHORES FL 33406-2334

Mailing Address

6621 PINE TREE CIRCLE
LAKE CLARKE SHORES FL 33406-2334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (4/04)

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

~~KEY, F.M.~~
6621 PINE TREE CIRCLE
LAKE CLARKE SHORES FL 33406

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
NAME KEY, F.M.
STREET ADDRESS 6621 PINE TREE CIRCLE
CITY-ST-ZIP LK CLARK SHORES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Flint M. Key 8-4-03 541-542-1105

FMK, Inc.

Manufacturers Representative

Attachment
#K84344
44051651

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

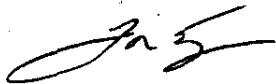
Re: Corporate Report

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