

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000057563

1. Entity Name
THE JK COMPANY, LLC



Principal Place of Business
**5223 NW TORREYA PARK RD.
BRISTOL, FL 32321**

Mailing Address
**5223 NW TORREYA PARK RD.
BRISTOL, FL 32321**

DO NOT WRITE IN THIS SPACE



01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
32-0118647

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARBER, JACKIE G
5223 NW TORREYA PARK RD.
BRISTOL, FL 32321**

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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

Jackie G. Barber

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U000000581287
01/10/07-80082-006 50.00
DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BARBER, JACKIE G
5223 NW TORREYA PARK RD.
BRISTOL, FL 32321**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BARBER, KATHY S
5223 NW TORREYA PARK RD
BRISTOL, FL 32321**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

Jackie G. Barber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #