

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000021382

Entity Name: S & K ENTERPRISES, LLC

FILED  
Jan 06, 2006  
Secretary of State

**Current Principal Place of Business:**

5205 FRONTAGE RD N  
LAKELAND, FL 33810

**New Principal Place of Business:**

**Current Mailing Address:**

5205 FRONTAGE RD N  
LAKELAND, FL 33810

**New Mailing Address:**

FEI Number: 22-3869346

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RENNER, STEPHEN E  
2904 E KNIGHTS GRIFFIN RD  
PLANT CITY, FL 33565 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RENNER, STEPHEN E  
Address: 2904 E KNIGHTS GRIFFIN RD  
City-St-Zip: PLANT CITY, FL 33565

Title: MGRM ( ) Delete  
Name: RENNER, KATHY D  
Address: 2904 E KNIGHTS GRIFFIN RD  
City-St-Zip: PLANT CITY, FL 33565

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: RENNER, STEPHEN E  
Address: 4929 STEVE REEVES LANE  
City-St-Zip: PLANT CITY, FL 33565

Title: MGRM (X) Change ( ) Addition  
Name: RENNER, KATHY D  
Address: 4929 STEVE REEVES LANE  
City-St-Zip: PLANT CITY, FL 33565

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KATHY RENNER

MGRM

01/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date