

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000021382

Entity Name: S & K ENTERPRISES, LLC

FILED
Jan 04, 2008
Secretary of State

Current Principal Place of Business:

5205 FRONTAGE RD N
LAKELAND, FL 33810

New Principal Place of Business:

4119 NATIVE GARDEN DRIVE
PLANT CITY, FL 33565

Current Mailing Address:

5205 FRONTAGE RD N
LAKELAND, FL 33810

New Mailing Address:

PO BOX 10
JAKIN, GA 39861

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
4119 NATIVE GARDEN DRIVE
PLANT CITY, FL 33565 US

Name and Address of New Registered Agent:

RENNER, STEPHEN E
610 J.Q. HARVEY RD
JAKIN, GA, FL 39861 US

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: STEPHEN E. RENNER

01/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RENNER, STEPHEN E
Address: 4119 NATIVE GARDEN DRIVE
City-St-Zip: PLANT CITY, FL 33565

Title: MGRM () Delete
Name: RENNER, KATHY D
Address: 4119 NATIVE GARDEN DRIVE
City-St-Zip: PLANT CITY, FL 33565

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RENNER, STEPHEN E
Address: 610 J.Q. HARVEY RD
City-St-Zip: JAKIN, GA 39861

Title: MGRM (X) Change () Addition
Name: RENNER, KATHY D
Address: 610 J.Q. HARVEY RD
City-St-Zip: JAKIN, GA 39861

I hereby certify that the information supplied with this filing does not qualify 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

MM

01/04/2008

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