

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108811

FILED
Mar 16, 2006
Secretary of State

Entity Name: PRO S & K, LLC

Current Principal Place of Business:

120 RODEO ROAD
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

120 RODEO ROAD
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 71-0991967

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROCK, JEFFREY P
444 SEABREEZE BLVD
STE. 900
DAYTONA BEACH, FL 32118 US

Name and Address of New Registered Agent:

STARK, DAVID A
120 RODEO ROAD
ORMOND BEACH, FL 32174 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: DAVID A. STARK

03/16/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: STARK, DAVID A
Address: 120 RODEO ROAD
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Change (X) Addition
Name: STARK, MELISSA F
Address: 120 RODEO ROAD
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Change (X) Addition
Name: KIDD, JEFFREY S
Address: 3 WILLOW GREEN DRIVE
City-St-Zip: COCOA BEACH, FL 32931

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: MELISSA F. STARK

MGRM

03/16/2006

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