04/26/2005 12:34 5619945823 GRAU AND CC

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Apr 28, 2005 8:00 am
Secretary of State
04-28-2005 90214 048 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L21273

1. Entity Name
N999KA, INC.

14006303

04262005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
~~2700 W. CYPRESS CREEK ROAD~~ ~~C-105~~ ~~FORT LAUDERDALE, FL 33309~~	% JAMES DAUNCEY P O BOX 2576 EVERGREEN, CO 80437

2. Principal Place of Business		3. Mailing Address	
1019 NW 31st AVENUE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: POMPANO BEACH, FL		City & State	
Zip: 33069	Country: USA	Zip	Country

4. FEI Number: 65-0156718 ☐ 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
DAUNCEY, JAMES 1198 S.W. 4TH AVENUE BOCA RATON, FL 33422	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ PRESIDENT 04-26-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	PST DAUNCEY, JAMES 1198 S.W. 4TH AVENUE BOCA RATON, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAUNCEY, JAMES 1198 S.W. 4TH AVENUE BOCA RATON, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 #