

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000460

Entity Name: L & K TEEN SUMMIT INC.

FILED
Feb 10, 2004
Secretary of State

Current Principal Place of Business:

1580 BROOK FOREST DRIVE
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

1580 BROOK FOREST DRIVE
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 13-4232478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES, FELICIA L
1580 BROOK FOREST DRIVE
JACKSONVILLE, FL 32208 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

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: TRANQUILLE, VANESSA
Address: 10805 PEACEFUL HARBOR DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP () Delete
Name: NEWSOME, SONYA
Address: 2923 DIGNAN STREET
City-St-Zip: JACKSONVILLE, FL 32254

Title: SEC () Delete
Name: LONG, JENNIFER
Address: 6809 CAVALIER ROAD
City-St-Zip: JACKSONVILLE, FL 32208

Title: SEC () Delete
Name: LONG, JOYCE
Address: 6809 CAVALIER ROAD
City-St-Zip: JACKSONVILLE, FL 32208

Title: P () Delete
Name: JAMES, FELICIA L
Address: 1580 BROOK FOREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JAMES, FELICIA L
Address: 10805 PEACEFUL HARBOR DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LONG, JIMMIE L
Address: 2600 ART MUSEUM DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FELICIA L JAMES

P

02/10/2004

Electronic Signature of Signing Officer or Director

Date