

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000000822

Entity Name: M.D.K. ENTERPISES, INC.

**FILED**  
**Apr 28, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

10450 US 1 NORTH STE 1  
ST AUGUSTINE, FL 32095

**New Principal Place of Business:**

11623 COLUMBIA PARK DRIVE EAST  
JACKSONVILLE, FL 32258

**Current Mailing Address:**

10450 US 1 NORTH STE 1  
ST AUGUSTINE, FL 32095

**New Mailing Address:**

11623 COLUMBIA PARK DRIVE EAST  
JACKSONVILLE, FL 32258

FEI Number: 59-3614778

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PEPER, RICHARD C JR  
3030 HARTKEY ROAD STE 150  
JACKSONVILLE, FL 32257 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: KOZAK, MARK D  
Address: 10450 US 1 NORTH STE 1  
City-St-Zip: ST AUGUSTINE, FL 32095

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK D KOZAK

DPST

04/28/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date