

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000013740



1. Entity Name
JLK FOOD SERVICES INC.

Principal Place of Business
3076 SE DOMINICA TERRACE
STUART, FL 34997

Mailing Address
3076 SE DOMINICA TERRACE
STUART, FL 34997



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2403303

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KELSON, JAMES L
3076 SE DOMINICA TERRACE
STUART, FL 34997

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|-----------------|--------------------------|
| TITLE | P |
| NAME | KELSON, JAMES L |
| STREET ADDRESS | 3076 SE DOMINICA TERRACE |
| CITY - ST - ZIP | STUART, FL 34997 |
| TITLE | V |
| NAME | SMITH, RONALD |
| STREET ADDRESS | 3076 SE DOMINICA TERRACE |
| CITY - ST - ZIP | STUART, FL 34997 |
| TITLE | ST |
| NAME | KELSON, ELIZABETH |
| STREET ADDRESS | 3076 SE DOMINICA TERRACE |
| CITY - ST - ZIP | STUART, FL 34997 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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01/15/08-80037-008 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: James L Kelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-08 772 220 3151
Date Daytime Phone #