

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 03, 2005 08:00 AM
Secretary of State**

DOCUMENT # P00000028068

1. Entity Name
G.K. REALTY, INC.



Principal Place of Business
**105 MARSHALL CIRCLE
SAINT AUGUSTINE, FL 32086**

Mailing Address
**PMB 367
3501-B N PONCE DE LEON BLVD
SAINT AUGUSTINE, FL 32084**



01272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3662557

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KAPLER, GEORGE
540 WOODCHASE DR
SAINT AUGUSTINE, FL 32086**

**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

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**

**U00000214061
02/03/05-80096-007 158.75**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
ROY, GLYNDA
P.O. BOX 3933
SAINT AUGUSTINE, FL 32085**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DV
KAPLER, GEORGE
540 WOOD CHASE DR
SAINT AUGUSTINE, FL 32086**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

Glynda Roy **Glynda Roy**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/05
Date

904 819-0300
Daytime Phone #