## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # P00000029032** 03-08-2006 90167 011 \*\*\*158.75 R & K LONG ENTERPRISES, INC. Principal Place of Business Mailing Address 212 EAST TAMPA AVENUE 212 EAST TAMPA AVENUE VENICE, FL 34285 VENICE, FL 34285 3. Mailing Address 1388 S.W. CENTERVILLE 2. Principal Place of Business 1388 S.W. CEN Suite, Apt. #, etc. Suite, Apt. #, etc. 01102006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For FORT WHIT 65-0997404 HORTIN HITT Not Applicable Country Ζp \$8.75 Additional 5. Certificate of Status Desired 32038 Fee Required UMBIA 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent LONG KOGER LONG, ROGER B Street Address (P.O. Box Number is Not Acceptable) 212 EAST TAMPA AVENUE ENTERVILLE VENICE, FL 34285 City FORT WHITE 2038 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 rainstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete LONG ROGER B. 1388 S.W. CENTRVILLE AVE LONG, ROGER B NAME NAME STREET ADDRESS 212 EAST TÂMPA AVENUE STREET ADDRESS 32038 VENICE, FL '34285 CITY-ST-7/P CITY-ST-70 FORT WHITE FL Change TITLE ☐ Delete ☐ Addition TIME LONG, KATHLZEN L. LONG, KATHLEEN B NAME 1388 SLA CENTERVILLE AVE STREET ADDRESS 212 EAST TAMPA AVENUE STREET ADDRESS FORT WHITE ŦL 32038 CITY-ST-ZIP VENICE, FL 34285 CITY-ST-ZIP пле ☐ Delete TITLE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delate ☐ Change ☐ Addition NALO NAME STREET ADDRESS STREET ADDRESS CITY-ST- ZP CITY-ST-71P Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 insiste 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.

Kober B. LONG

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

SIGNATURE

FILED

Mar 08, 2006 8:00 am

386-497-2160