


FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000029298 1. Entity Name PK ENTERPRISES OF LAKE LAND, INC.	
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01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3635622	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PITSIKOULIS, MICHAEL 715 CRESCENT HILLS DRIVE LAKE LAND, FL 33813
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**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 reconstituting)

DATE _____

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOO, ROBERT 512 LAKE HARRIS DRIVE LAKE LAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITSIKOULIS, MICHAEL 715 CRESCENT HILLS DRIVE LAKE LAND, FL 33813
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**DO NOT WRITE
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)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/05 863 602 9233