


**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

b0028648

1. Entity Name PK ENTERPRISES OF LAKE LAND, INC.				Secretary of State 04-19-2006 90096 002 ***150.00	
Principal Place of Business 6380 US HWY 98 NORTH LAKE LAND, FL 33859		Mailing Address 512 LAKE HARRIS DRIVE LAKE LAND, FL 33813		60028648	
2. Principal Place of Business		3. Mailing Address		04162006	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3635622	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75	
6. Name and Address of Current Registered Agent PITSIKOULIS, MICHAEL 716 CRESCENT HILLS DRIVE LAKE LAND, FL 33813				7. Name and Address of New Registered Agent Name: ROBERT W KOO Street Address (P.O. Box Number is Not Acceptable) 512 LAKE HARRIS DRIVE City: LAKE LAND FL Zip Code: 33813	
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] DATE: 4/15/06					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KOO, ROBERT 512 LAKE HARRIS DRIVE LAKE LAND, FL 33813	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PITSIKOULIS, MICHAEL 715 CRESCENT HILLS DRIVE LAKE LAND, FL 33813	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4905 HANCOCK LAKE ROAD LAKE LAND, FL 33813	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: [Signature] DATE: 4/15/06 863 602 9200					