2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2007 08:00 AM Secretary of State

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DOCUMENT # P00000040612					Secretary of St	ato
1. Entity Nan				\		
JKH PKC	OPERTIES, INC.			/		
Principal Plac	ce of Business	Mailing Address		7		
3451 NW 14 POMPANO B	4TH AVE Beach, Fl. 33064	3451 NW 14TH AVE POMPANO BEACH, FL 33064				
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DO NOT WRITE IN THIS SPACE				03072007	No Chg-P CR2E034 (11/05)	
			CE	4. FEI Numb	· · · · · · · · · · · · · · · · · · ·	7
				65-102	20261 Not Applicable	9
				5. Certificate	of Status Desired	
	6. Name and Address of Current Re	gistered Agent				
HEWETT, JIM			DO NOT WRITE			
3451 NW 14TH AVE POMPANO BEACH, FL 33064					-	ľ
				11/1	THIS SPACE	
	enamed entity submits this statement for the tions of registered agent.	ne purpose of changing its registere	ed office or registe	ered agent, or bo	oth, in the State of Florida. I am familiar with, and accep	1
SIGNATURE.						
	Signature, typed or printed name of registered agent and	title if applicable (NOTE: Registere	d Agent signature require	d when reinstaling)	DATE	_
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		i.00 May Be ded to Fees		
10.	OFFICERS AND DI	RECTORS				┪
TITLE	DPST IAMES B	-				
NAME STREET ADDRESS	HEWETT, JAMES R 3451 NW 14TH AVE		l			
CITY-ST-ZIP	POMPANO BEACH, FL 33064		i			
TITLE			1		U00000663580	J.
NAME CARGET ADDRESS					03/22/07-80009-025 150.	Ψυ.
STREET ADDRESS CITY-ST-ZIP						
TITLE			i			İ
NAME						
STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	1
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TH LE NAME			ļ	IN	THIS SPACE	
STREET ADDRESS]			1
CITY-ST-ZIP			<u> </u>			
TITLE						

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 final 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/07 954946 472