


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90354 038 ***150.00

DOCUMENT # P00000047300		
1. Entity Name J.K.P. - WAVELAND, INC.		

Principal Place of Business 811 N. SPRING ST. PENSACOLA, FL 32501	Mailing Address P.O. BOX 576 DESTIN, FL 32540
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2. Principal Place of Business P.O. Box 576	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Destin, Florida	City & State
Zip 32540	Country USA

01282004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3664616	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WARD, LORI ELLEN 607 HIGHWAY 98 EAST DESTIN, FL 32541	
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7. Name and Address of New Registered Agent Name: Lori Ellen Ward Street Address (P.O. Box Number is Not Acceptable): Matthews & Hawkins, P.A. 4475 Legendary Drive City: Destin FL Zip Code: 32541	
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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: <u>Lori Ellen Ward</u> DATE: <u>2/2/2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PATEL, J K 39 WESTMEATH AVE LEICESTER, ENGLAND LE5 655, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Patel, J.K. Post office Box 576 Destin, Florida 32540-0576 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PATEL, M D 39 WESTMEATH AVE LEICESTER, ENGLAND LE5 655, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Patel, m. D. Post office Box 576 Destin, Florida 32540-0576 <input checked="" 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
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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 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: <u>Jay Patel</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #
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