

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90141 031 ***150.00

DOCUMENT # P00000048281

1. Entity Name
P.K. ENTERPRISES OF CENTRAL FLORIDA, INC.



Principal Place of Business
1096 MASON AVE
DAYTONA BEACH, FL 32117

Mailing Address
1096 MASON AVE
DAYTONA BEACH, FL 32117

40051020



2. Principal Place of Business - No P.O. Box #
5432 CANNA COURT
Suite, Apt. #, etc.

3. Mailing Address
5432 CANNA COURT
Suite, Apt. #, etc.

01052007 Chg-P CR2E034 (12/06)

City & State
PORT ORANGE, FL
Zip
32128 Country

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PORT ORANGE, FL
Zip
32128 Country

4. FEI Number
59-3645323
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATTER, TARSEM S
1690 DUNN AVENUE
APT. 114
DAYTONA BEACH, FL 32114

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5432 CANNA COURT

City
PORT ORANGE

FL

Zip Code
32128

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 *Tarsem Singh Patter* TARSEM SINGH PATTAR X 3.22.07
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME PATTAR, PRAKASH K
STREET ADDRESS 1690 DUNN AVENUE, APT. 114
CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5432 CANNA COURT
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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: *Tarsem Singh Patter* TARSEM SINGH PATTAR 3.22.07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)