FILED
Jan 26, 2007 8:00 am
Secretary of State
01-26-2007 90029 009 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000065756

1. Entity Name: JPKFLK, INC

DO NOT WRITE IN THIS SPACE

60007218

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3360 Montara Drive	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bonita Springs, FL 34134	City & State
Zip: 34134 Country: Lee	Zip Country

4. FEI Number: 65-1023016 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: John Kemon

Street Address (P.O. Box Number is Not Acceptable): 3360 Montara Drive

City: Bonita Springs FL Zip Code: 34134

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 — DATE — Registered Agent signature required when reinstating

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	TITLE	
NAME	John Kemon	NAME	
STREET ADDRESS	3360 Montara Drive	STREET ADDRESS	
CITY-ST-ZIP	Bonita Springs, FL 34134	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Faye Kemon	NAME	
STREET ADDRESS	3360 Montara Drive	STREET ADDRESS	
CITY-ST-ZIP	Bonita Springs, FL 34134	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE IN THIS SPACE
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CITY-ST-ZIP		CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **John Kemon**
3360 Montara Drive
Bonita Springs,FL 34134 1-21-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034E (12/06)