2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2006 8:00 am Secretary of State 04-27-2006 90190 038 ***150.00

Mailing Address	DOCUMENT # P0000079931 1. Entity Name G & K ENTERPRISES OF S.W. FLORIDA, INC.						41	04-27-2006 ֈֈֈֈֈ	90190 03	38 ***15	0.00
2.40 FIRED CENTER WAY NAPLES, FL 34109 2. Principal Place of Business Suite, Apt 4, etc. Suite, Apt 4,	Principal Place of Business Mailing Address					.]	3,0	, , , ,			
Sulle, Apt. 4; etc.	2240 TRADE CENTER WAY		2240 TRADE CENTER WAY				: : .				
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Cey & Siste	2. Principal Place of Business		3. Mailing Address								
Zip County Zip County 5. Contribute of Status Desired Se. 75 Applicable 6. Name and Address of Current Registered Agent Name 8. Chelling, Jeffrey Way NAPLES, FL 34109 Street Address Name 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 Plonids. I am familiar with, and accept interesting to the purpose of changing its registered office or registered agent, or both, in the State of Plonids. I am familiar with, and accept interesting to registered agent, or both, in the State of Plonids. I am familiar with, and accept interesting to registered agent, or both, in the State of Plonids. I am familiar with, and accept interesting to registered agent, or both, in the State of Plonids. I am familiar with, and accept interesting to registered agent, or both, in the State of Plonids. I am familiar with, and accept interesting to registered agent, or both, in the State of Plonids. I am familiar with, and accept interesting to registered agent, or both, in the State of Plonids. I am familiar with, and accept interesting to registered agent, or both, in the State of Plonids. I am familiar with, and accept interesting to registered agent, or both, in the State of Plonids. I am familiar with, and accept interesting to registered agent, or both, in the State of Plonids. I am familiar with, and accept interesting to registered agent, or both, in the State of Plonids. I am familiar with, and accept interesting to registered agent, or both, in the State of Plonids. I am familiar with, and accept interesting to registered agent, or both, in the State of Plonids. I am familiar with, and accept interesting to registered agent, or both, in the State of Plonids. I am familiar with, and accept interesting to registered agent, or both, in the State of Plonids. I am familiar with, and accept interesting to registered agent, or both, in the State of Plonids. I am familiar with, and accept interesting to registered agent, or both						_					
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Cool City City City FL Zip Cool City C	City & State		City & State								
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Street Address (P.O. Box Number is Not Acceptable) City FL Zep Code	CCHELLIN	C IEEEBEV C			Name		•				
B. 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 FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$500.00 9. Election Campaign Financing St. Added to Fees Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IT THE NAME STREET ADDRESS CITY-51-2P IT THE LANE OFFICERS AND DIRECTORS CITY-51-2P OFFICERS AND DIRECTORS IT ADDRESS CITY-51-2P OFFICERS AND DIRECTORS CITY-51	2240 TRADE CENTER WAY			Street Address (P.O. Box Number is Not Acceptable)							
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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		portify that the information asset and the	th this filing close and qualify for				Lin Chanter 116	Florida Statutes	further cost	furthat the in	tormation

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 AND TOPOGRAPHINTED NAME OF SIGNING OFFICER OF DIRECTOR WILL US INS DY 16/06

139 591-19 U9 Daytune Phone #