

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90040 027 ***150.00

DOCUMENT # P01000002087

1. Entity Name

MEK, INC.



Principal Place of Business

13356 HIGHLAND CHASE PLACE
FORT MYERS FL 33913

Mailing Address

13356 HIGHLAND CHASE PLACE
FORT MYERS FL 33913

2. Principal Place of Business

12801-17 COMMONWEALTH DR. 12801-17 COMMONWEALTH DR

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

4. FEI Number

65-1071126

☒ Applied For

☐ Not Applicable

Zip

33913

Country

USA

Zip

33913

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KORZEP, MICHAEL E
13356 HIGHLAND CHASE PLACE
FORT MYERS FL 33913

address change

7. Name and Address of New Registered Agent

Name

MICHAEL E. KORZEP

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

12801-17 COMMONWEALTH DR.

City

FT MYERS, FL

FL

Zip Code

33913

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

Michael Korzep
Signature, typed or printed name of registered agent and title if applicable.

PRESIDENT MICHAEL KORZEP

2/18/04

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

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 ☐ Delete
NAME KORZEP, MICHAEL E
STREET ADDRESS 13356 HIGHLAND CHASE PLACE 12801-17 COMMONWEALTH DR
CITY-ST-ZIP FORT MYERS FL 33913

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
CITY-ST-ZIP

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

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

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

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

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 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:

Michael Korzep
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL KORZEP

PRESIDENT

2/18/04

239-437-2900

Date

Daytime Phone #