


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-19-2004 90343 022 \*\*\*150.00

<b>DOCUMENT # P01000085718</b> 1. Entity Name <b>J. K. P. INTERNATIONAL CORPORATION</b>					
Principal Place of Business <b>811 N. SPRING STREET PENSACOLA, FL 32501</b>			Mailing Address <b>P.O. BOX 576 DESTIN, FL 32540</b>		
2. Principal Place of Business <b>P.O. Box 576</b>			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Destin, Florida</b>			City & State		
Zip <b>32540</b>		Country <b>USA</b>		Zip	
Country		4. FEI Number <b>59-3525077</b>			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>WARD, LORI ELLEN 607 HIGHWAY 98 EAST DESTIN, FL 32541</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>Lori Ellen Ward</b> Street Address (P.O. Box Number is Not Acceptable) <b>Matthews &amp; Hawkins, P.A.</b> <b>4475 Legendary Drive</b> City <b>Destin</b> <b>FL</b> Zip Code <b>32541</b>		
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><i>Lori Ellen Ward</i></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) DATE)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PATEL, JAY KUMAR</b> <b>39 WESTMEATH AVENUE</b> <b>LEICESTER, ENGLAND, le655</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Patel, Jay Kumar</b> <b>Post office Box 576</b> <b>Destin, Florida, 32540-0576</b>	
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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01282004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3525077**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

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**

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 *Lori Ellen Ward* DATE 2/2/2004  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PATEL, JAY KUMAR</b> <b>39 WESTMEATH AVENUE</b> <b>LEICESTER, ENGLAND, le655</b>	<input type="checkbox"/> Delete
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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Patel, Jay Kumar</b> <b>Post office Box 576</b> <b>Destin, Florida, 32540-0576</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #