


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90030 048 ***150.00

DOCUMENT # P01000098522

1. Entity Name
PK MOTORS, INC.



Principal Place of Business Mailing Address
283 SAN MARCO AVE **283 SAN MARCO AVE**
SAINT AUGUSTINE FL 32084 **SAINT AUGUSTINE FL 32084**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number Applied For
59-3747550 Not Applicable

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

6. Name and Address of Current Registered Agent

BERRY, MICHAEL L JR.
FOUR SAWGRASS VILLAGE SUITE 230
PONTE VEDRA FL 32082

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)
333 First Street, N, Suite 305

City **Jacksonville Beach** FL Zip Code **32250**

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 Berry* DATE **03/24/2004**

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
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	C	<input type="checkbox"/> Delete
NAME	PARKER, BRYAN C.	
STREET ADDRESS	283 SAN MARCO AVE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	VS	<input type="checkbox"/> Delete
NAME	PARKER, KATHERINE K	
STREET ADDRESS	283 SAN MARCO AVE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIMBROUGH, JAMES H JR	
STREET ADDRESS	283 SAN MARCO AVE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Bryan C. Parker* **Bryan C. Parker** Date **4/16/04** Daytime Phone # **904-824-9181**