

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 25, 2005 08:00 AM  
Secretary of State

DOCUMENT # P01000112596

1. Entity Name  
DK CONSULTING GROUP, INC.



Principal Place of Business

1491 SECOND ST  
STE C2  
SARASOTA, FL 34236

Mailing Address

1491 SECOND ST  
STE C2  
SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE



04052005 No Chg-P CR2E034 (10/03)

4. FEI Number  
80-0003656

Approved For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

MOORE, JOHN L  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236

DO NOT WRITE  
IN THIS SPACE

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 must be printed and signed by the registered agent.

Official registered agent signature required with the filing.

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000327771  
04/25/05-80053-002 150.00

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
P  
KESSEL VON, DETLEV  
1491 SECOND ST STE C2  
SARASOTA, FL 34236

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
VP  
VON KESSEL, KRISTINA  
1491 SECOND ST STE C2  
SARASOTA, FL 34236

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 a other be empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-5

941-330-2550