

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000051647

1. Entity Name
JLK MANAGEMENT, INC.



Principal Place of Business
4067 SE HENLEY LANE
STUART, FL 34997

Mailing Address
4067 SE HENLEY LANE
STUART, FL 34997

DO NOT WRITE IN THIS SPACE



02062004 No Chg-P CR2E034 (10/03)

4. FEI Number
04-3717587

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KELLEY, JOSEPH L
4067 SE HENLEY LANE
STUART, FL 34997

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

**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

U000000088590
03/15/04-80057-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KELLEY, JOSEPH L
STREET ADDRESS	4067 SE HENLEY LANE
CITY - ST - ZIP	STUART, FL 34997
TITLE	D
NAME	KELLEY, JOAN
STREET ADDRESS	4067 SE HENLEY LANE
CITY - ST - ZIP	STUART, FL 34997
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature on it has 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 live empowered.

SIGNATURE: Joseph L. Kelley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Chapter Filing # _____