

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90074 032 ***150.00

DOCUMENT # P02000066741

1. Entity Name

P K & GIRLS, INC.



Principal Place of Business

Mailing Address

~~6265 TALL CYPRESS CIR.~~
~~GREENACRES FL 33463-831~~
10385 SOUTHERN BLVD
ROYAL PALM BEACH, FL 33411

~~6265 TALL CYPRESS CIR.~~
~~GREENACRES FL 33463-831~~
10385 SOUTHERN BLVD
ROYAL PALM BEACH, FL 33411

2. Principal Place of Business

3. Mailing Address

10385 SOUTHERN BLVD

10385 SOUTHERN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ROYAL PALM BEACH

ROYAL PALM BEACH

Zip

Country

Zip

Country

33411

USA

33411

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAYMAR, PATRICIA A
6265 TALL CYPRESS CIR
GREENACRES FL 33463-831

Name

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

City

FL

Zip Code

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

P
PAYMAR, PATRICIA A
6265 TALL CYPRESS CIR
GREENACRES FL 33463-831

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

V
NEUBAUER, KATHLEEN A
1521 E. WINDORAH WAY
ROYAL PALM BEACH FL 33411

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

D
PAYMAR, D. M
6265 TALL CYPRESS CIR
GREENACRES FL 33463-831

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

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☐ Change ☐ Addition

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:

Patricia A. Paymar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 27, 2004 561-246-110

Date

Daytime Phone #