2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2005 8:00 am
Secretary of State
03-28-2005 90071 020 ***150.00

DOCUMENT # P02000067303

1. Entity Name
MK2 CORPORATION

Principal Place of Business	Mailing Address
8300 US HIGHWAY 19 PORT RICHEY FL 34668	13655 BELCHER ROAD S. LARGO FL 33771

1st MOORE CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address	
		8300 US Highway 19	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Port Richey FL	
Zip	Country	Zip: 34668	Country: USA

4. FEI Number 82-0550836 ☐ 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
KOCHINSKI, MICHAEL 13655 BELCHER ROAD S. LARGO FL 33771	Name: Kevin Blacklidge Street Address (P.O. Box Number is Not Acceptable): 8300 US Highway 19 City: Port Richey **FL** Zip Code: 34668

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] Kevin Blacklidge, President 3/22/05
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, 2005 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	PTD	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	KOCHINSKI, MICHAEL		NAME		
STREET ADDRESS	13655 BELCHER ROAD S.		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33771		CITY-ST-ZIP		
TITLE	VSD	☐ Delete	TITLE	PSD	☒ Change ☐ Addition
NAME	BLACKLIDGE, KEVIN		NAME	Blacklidge, Kevin	
STREET ADDRESS	13655 BELCHER ROAD S.		STREET ADDRESS	8300 US Highway 19	
CITY-ST-ZIP	LARGO FL 33771		CITY-ST-ZIP	Port Richey, FL 34668	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [signature] Kevin Blacklidge 3/22/05 727-848-0004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #