

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000069199 1. Entity Name 4SK, INC.																													
Principal Place of Business 86 NORTH ST ANDREW ORMOND BEACH FL 32174			Mailing Address 86 NORTH ST ANDREW ORMOND BEACH FL 32174																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		4. FEI Number 59-2368797																									
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent KASIM, S.H. 86 NORTH ST ANDREW ORMOND BEACH FL 32174				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 35%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>																													
<div style="display: flex;"> <div style="width: 50%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>KASIM, S.H.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>86 NORTH ST ANDREW ORMOND BEACH FL 32174</td> <td></td> </tr> </table> </div> <div style="width: 50%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">Change <input type="checkbox"/></td> <td style="width: 10%;">Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P	NAME	Delete <input type="checkbox"/>	STREET ADDRESS		KASIM, S.H.		CITY-ST-ZIP		86 NORTH ST ANDREW ORMOND BEACH FL 32174		TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	P	NAME	Delete <input type="checkbox"/>																										
STREET ADDRESS		KASIM, S.H.																											
CITY-ST-ZIP		86 NORTH ST ANDREW ORMOND BEACH FL 32174																											
TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>																											
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: S. H. Kasim
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-04 386-677-3104
Date Daytime Phone #