


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000077910 1. Entity Name JKF ENTERPRISES INC.	
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Principal Place of Business 1000 SOUTH ORLANDO AVE STE A-35 MAITLAND, FL 32751	Mailing Address PO BOX 940193 MAITLAND, FL 32794-0193
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09082004 No Chg-P CR2E034 (10/03)

4. FEI Number 41-2051444	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent NILES, JACQUELINE 1000 SOUTH ORLANDO AVE STE A-35 MAITLAND, FL 32751

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

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NILES, JACQUELINE 1000 SOUTH ORLANDO AVE STE A-35 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NILES, KELVIN 1000 SOUTH ORLANDO AVE STE A-35 MAITLAND, FL 32751
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000172363
09/17/04-80006-013 550.00

**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)(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: Jacqueline Niles Jacqueline Niles 9-8-04 321-663-3586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #