

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2004 8:00 am
Secretary of State

06-02-2004 90001 046 ***150.00

DOCUMENT # P02000097596

1. Entity Name
LMK ENTERPRISES, INC.



Principal Place of Business
**168 OAK GROVE CIRCLE
LAKE MARY, FL 32746**

Mailing Address
**168 OAK GROVE CIRCLE
LAKE MARY, FL 32746**

54056305



2. Principal Place of Business

1537 SHADY OAK DR

3. Mailing Address

1537 SHADY OAK DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05262004

Chg-P

CR2E034 (10/03)

City & State

KISSIMMEE FL

City & State

KISSIMMEE FL

4. FEI Number

27-0029760

Applied For

Not Applicable

Zip

Country

34744

Zip

Country

34744

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

**SHAH, VISHAKHA
168 OAK GROVE CIRCLE
LAKE MARY, FL 32746**

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 \$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 ☐ Delete
NAME **DP**
STREET ADDRESS **KAPADIA, NILKANTH**
CITY-ST-ZIP **2018 S. CHICKSAW TR.
ORLANDO, FL 32825**

TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **KAPADIA, ASHISH**
CITY-ST-ZIP **1537 SHADY OAK DR
KISSIMMEE, FL 34744**

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **SHAH, DHIMANT**
CITY-ST-ZIP **168 OAK GROVE CIRCLE
LAKE MARY, FL 32746**

TITLE ☐ Delete
NAME **DT**
STREET ADDRESS **SHAN, VISHAKHA**
CITY-ST-ZIP **168 OAK GROVE CIRCLE
LAKE MARY, FL 32746**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/26/04 7 709-2261

ATTACHMENT

54056305-

By Certified Mail

LMK ENTERPRISES, INC.
1537 SHADY OAK DR
KISSIMMEE, FL 34744

MAY 26, 2004

Secretary of State
Division of Corporation
P.O.Box 6327
Tallahassee FL 32314

Ref:- Document #P02000097596
EIN:-27-0029760
Waiver of penalty

Dear Sir/Madam,

With reference to above, I undersigned ASHISH KAPADIA, Vice President of LMK ENTERPRISES, INC. would like to request you to reinstatement & waive the penalty for non-payment of Annual Filing Fees for 2004 on the following grounds.

I never received the Annual Filing Form for 2004, may be lost in the mail and/or delivered back to you, which was not forwarded to us due to change in the address. Unfortunatley, I never realized that I did not pay the annual filing fee for 2004 as I did not received the Filing Form for the year 2004. I made a mistake due to lack of knowledge and information & unavoidable circmstances. I would like to request you to waive the penalty on the basis of lack of knowledge, information and misunderstandings.

I am enclosing herewith the check of \$150.00 being an annaul filing fee for 2004 as an exceptional case. I assure you that this is not going to happen in the future, if I will receive the Form on or before due date. Please waive the penalty on the basis of lack of knowledge, information, misunderstanding and undue hardship in this bad economy. Thanking you in advance for your cooperation. Sorry for the inconvenience that caused to you.

Sincerely,


(ASHISH KAPADIA)

encl:- as above Ck of \$150