

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90426 040 ***150.00

DOCUMENT # P02000108199					
1. Entity Name GK & ASSOCIATES CONSULTING, INC.					
Principal Place of Business 470 RUBENS DRIVE EAST NOKOMIS, FL 34275 US			Mailing Address 470 RUBENS DRIVE EAST NOKOMIS, FL 34275 US		
2. Principal Place of Business 21073 Edgewater Dr Suite, Apt. #, etc.		3. Mailing Address 21073 Edgewater Dr Suite, Apt. #, etc.			
City & State Port Charlotte, FL		City & State Port Charlotte, FL		4. FEI Number 48-1278332	
Zip 33952		Country US		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04262006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent GARDNER, KIMETH W 470 RUBENS DRIVE EAST NOKOMIS, FL 34275			7. Name and Address of New Registered Agent Name: Kimeth Gardner Street Address (P.O. Box Number is Not Acceptable): 21073 Edgewater Dr City: Port Charlotte FL Zip Code: 33952		
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: <u>[Signature]</u> DATE: <u>5/1/06</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELLY, BRET L 470 RUBENS DRIVE EAST NOKOMIS, FL 34275	<input type="checkbox"/> Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>[Signature]</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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