

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 14, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000040389

1. Entity Name
PK BOOMERS, INC.



Principal Place of Business
**7077 N ATLANTIC AVE
CAPE CANAVERAL, FL 32920**

Mailing Address
**7077 N ATLANTIC AVE
CAPE CANAVERAL, FL 32920**



02102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
51-0463718

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROONEY, PATRICK M
7077 N ATLANTIC AVE
CAPE CANAVERAL, FL 32920**

**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 _____

Signature typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000229382
02/14/05-80078-001 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
ROONEY, PATRICK M
1405 CEPHEUS COURT
MERRITT ISLAND, FL 32953**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
ROONEY, MARCIA L
1405 CEPHEUS COURT
MERRITT ISLAND, FL 32953**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
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CITY- ST- ZIP

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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)(f), 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

Deputy Phone #

PATRICK M. ROONEY **PATRICK M. ROONEY** **2/10/05** **(321)784-2110**