2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000041553

FILED
04 JUN 21 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
PKT TRADING CO.

$150.00

Principal Place of Business	Mailing Address
15108 BRIAR RIDGE FORT MYERS, FL 33912	45 EAST 66TH STREET APT. 2E NEW YORK, NY 10021-6102

03042003 Chg-P CR2E034 (10/03) 04

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1188537 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) REINSTATEMENT
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 T Fell 6/15/04
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D	☐ Delete
NAME	FULLUM, TIMOTHY J	
STREET ADDRESS	15108 BRIAR RIDGE	000038144230
CITY-ST-ZIP	FORT MYERS, FL 33912	06/21/04--01095--018 **1350.00
TITLE	PST	☐ Delete
NAME	FULLUM, TIMOTHY J	
STREET ADDRESS	15108 BRIAR RIDGE	
CITY-ST-ZIP	FORT MYERS, FL 33912	

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: TIMOTHY J FULLUM 6/15/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #