


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90170 026 ***150.00

DOCUMENT # P03000077586

1. Entity Name
JK OF SEBASTIAN, INC.



Principal Place of Business
479 PONOKA STREET
SEBASTIAN, FL 32958

Mailing Address
479 PONOKA STREET
SEBASTIAN, FL 32958

54053175



2. Principal Place of Business
11095 Roseland Rd.

3. Mailing Address
P.O. Box 780447

Suite, Apt. #, etc.

05032004 Chg-P CR2E034 (10/03)

City & State
Sebastian

City & State
Sebastian

4. FEI Number
14-1892987

Applied For
 Not Applicable

Zip
32958

Country
Indian River

Zip
32978

Country
Indian River

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	
LAL SHARMA, KIMTI 479 PONOKA STREET SEBASTIAN, FL 32958		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME LAL SHARMA, KIMTI		NAME <i>11095 Roseland Road</i>	
STREET ADDRESS 479 PONOKA STREET		STREET ADDRESS <i>Sebastian FL 32958</i>	
CITY-ST-ZIP SEBASTIAN, FL 32958		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME <i>Kristen Aston</i>		NAME <i>Kristen Aston</i>	
STREET ADDRESS <i>11095 Roseland Road</i>		STREET ADDRESS <i>11095 Roseland Rd.</i>	
CITY-ST-ZIP <i>Sebastian FL 32958</i>		CITY-ST-ZIP <i>Sebastian FL 32958</i>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Kristen Aston* *Vice President* 4/30/04 772/473-8626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #