

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90241 001 \*\*\*150.00

**DOCUMENT # P03000077586**

1. Entity Name  
JK OF SEBASTIAN, INC.



Principal Place of Business  
11095 ROSELAND ROAD  
SEBASTIAN, FL 32958

Mailing Address  
P.O. BOX 780447  
SEBASTIAN, FL 32978

2. Principal Place of Business

1101 Roseland Rd

3. Mailing Address

P.O. Box 780447

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sebastian, FL

City & State

Sebastian FL

Zip

32958

Country

USA

Zip

32978

Country

USA

02282006

Chg-P

CR2E034 (11/05)

4. FEI Number

14-1892987

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

K. SHARMA, KIMTI L.  
470 PONOKA STREET  
SEBASTIAN, FL 32958

1101 Roseland Rd.

7. Name and Address of New Registered Agent

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 \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME K. SHARMA, KIMTI L.  
STREET ADDRESS 11095 ROSELAND ROAD  
CITY-ST-ZIP SEBASTIAN, FL 32958

TITLE VP ☐ Delete  
NAME ASTON, KRISTEN  
STREET ADDRESS 11095 ROSELAND ROAD  
CITY-ST-ZIP SEBASTIAN, FL 32958

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 SHARMA, KIMTI L. ☒ Change ☐ Addition  
NAME  
STREET ADDRESS P.O. Box 780447  
CITY-ST-ZIP SEBASTIAN FL 32978

TITLE ☒ Change ☐ Addition  
NAME P.O. Box 780447  
STREET ADDRESS  
CITY-ST-ZIP Sebastian FL 32978

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KRISTEN ASTON, V.P.

Date

Daytime Phone #

3/20/2006 (772) 473-8626