


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90018 026 \*\*\*150.00

<b>DOCUMENT # P03000077586</b>	
1. Entity Name JK OF SEBASTIAN, INC.	

Principal Place of Business 11101 ROSELAND RD SEBASTIAN FL 32958	Mailing Address POB 780447 SEBASTIAN FL 32978
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2. Principal Place of Business - No P.O. Box # 11155 Roseland Rd Suite, Apt. #, etc.	3. Mailing Address 11155 Roseland Rd Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State Sebastian FLORIDA	City & State Sebastian FLORIDA
Zip 32958	Country USA
Zip 32958	Country USA

4. FEI Number 14-1892987	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  LAL SHARMA, KIMTI 479 PONOKA STREET SEBASTIAN FL 32958	
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7. Name and Address of New Registered Agent Name SHARMA, KIMTI LAL Street Address (P.O. Box Number is Not Acceptable) 479 PONOKA STREET City SEBASTIAN, FL Zip Code 32958	
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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 _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIMTI, SHARMA L POB 780447 SEBASTIAN FL 32978 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ASTON, KRISTEN POB 780447 SEBASTIAN FL 32978 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SHARMA, GOMTI 11155 Roseland Rd Sebastian, Florida 32958 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 	DATE: Mar 14, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #