

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000086148

1. Entity Name

M & K OF ST. AUGUSTINE INC.



Principal Place of Business

119 ST GEORGE ST
SAINT AUGUSTINE, FL 32084

Mailing Address

119 ST GEORGE ST
SAINT AUGUSTINE, FL 32084



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

33-1076739

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUNLAP, MICHAEL R
505 NINETEENTH ST.
ST. AUGUSTINE, FL 32084

**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 title if applicable.

(NOTE: Registered Agent signature required when restate)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DUNLAP, MICHAEL R
STREET ADDRESS	505 NINETEENTH ST.
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	DS
NAME	DUNLAP, KELLI W
STREET ADDRESS	505 NINETEENTH ST.
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/21/08-80068-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Michael R. Dunlap Michael R. Dunlap

1-15-08

904 829 6773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #