

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000095093

Entity Name: GK TECHNOLOGY, INC.

FILED  
Feb 27, 2005  
Secretary of State

## Current Principal Place of Business:

5284 MEDORAS AVE  
ST AUGUSTINE, FL 32080

## New Principal Place of Business:

## Current Mailing Address:

5284 MEDORAS AVE  
ST AUGUSTINE, FL 32080

## New Mailing Address:

FEI Number: 30-0201863

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EBERLING, ROBERT A  
1797 OLD MOULTRIE RD STE 107  
ST AUGUSTINE, FL 32084 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: COOPER, KRISSTEN N  
Address: 5284 MEDORAS AVE.  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: ST ( ) Delete  
Name: CLASSEN, RONALD J  
Address: 5284 MEDORAS AVE.  
City-St-Zip: ST. AUGUSTINE, FL 32080

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD J. CLASSEN

ST

02/27/2005

Electronic Signature of Signing Officer or Director

Date