2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000114728

1. Entity Name
ALLKJ ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2712 JOHN MOORE RD	2712 JOHN MOORE RD
BRANDON, FL 33511	BRANDON, FL 33511

DO NOT WRITE IN THIS SPACE

02092005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
41-2112780	Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOGUE, KATHLEEN A
2712 JOHN MOORE RD
BRANDON, FL 33511

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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_____

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, 2005 Fee will be $550.00

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

U00000299795
04/11/05-80122-025 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOGUE, JAMES R
STREET ADDRESS	2712 JOHN MOORE RD
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	PDST
NAME	HOGUE, KATHLEEN A
STREET ADDRESS	2712 JOHN MOORE RD
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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IN THIS SPACE

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: _Kathleen A Hogue_   4/8/05   813 417 1005

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