2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # P03000120631 1. Entity Name EJK, INC							05-02-2005 9	90490 0	11 ***15	0.00
Principal Place of Business Maili			Mailing Address	Mailing Address						
, , , , , , , , , , , , , , , , , , ,				17414 AKINS DRIVE Spring Hill, FL 34610						
Principal Place of Business 3. M			3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02182005	Chg-P	CR2E0	34 (10/03)	
City & State			City & State			4. FEI Number 20 - 0	03H2215)	oplied For
Zip	Zip Country		Zip	Zip Count		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Current	Registered Agent		Name	7. Name and	Address of New Re	egistered .	Agent	
KNAPPINS, ROBERTA A 17414 AKINS DRIVE						s (P.O. Box Numbe	er is Not Acceptable)		
SPRING H										
•					City			FL	Zíp Cod	
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.										
			Toward Compa			55.00 May Be added to Fees				:
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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: \ Em 4 Knamun	EVAN J. KNAPOLNS
SIGNATURE AND TYPEN OR PRINT	ED NAME OF SIGNING OFFICER OR DIRECTOR