
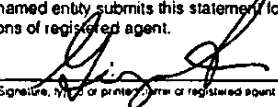
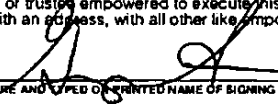


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 17, 2005 8:00 am**  
**Secretary of State**

07-21-2005 90027 050 \*\*\*150.00

<b>DOCUMENT # P03000134766</b> 1. Entity Name <b>GK FINANCIAL, INC.</b>					
Principal Place of Business <b>240 WINDWARD PASSAGE #601 ATTN: GEORGE N ALEXIOU CLEARWATER FL 33767</b>			Mailing Address <b>240 WINDWARD PASSAGE #601 ATTN: GEORGE N ALEXIOU CLEARWATER FL 33767</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>56-2417041</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>RAYMOND, J. PAUL 625 COURT ST, STE 200 CLEARWATER FL 33756</b>			Name <b>George N. Alexiou</b> Street Address (P.O. Box Number is Not Acceptable) <b>240 Windward Passage # 601</b> <b>Clearwater FL</b> City <b>FL</b> Zip Code <b>33767</b>		
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  <div style="float: right; text-align: right;">         DATE _____       </div>					
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2005 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div>         9. Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be          Added to Fees       </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ALEXIOU, GEORGE N</b>		NAME		
STREET ADDRESS	<b>8647-6 LITTLE RD.</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>NEW PORT RICHEY FL 34654</b>		CITY- ST- ZIP		
TITLE	VSTD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COODINGTON, KEVIN D</b>		NAME		
STREET ADDRESS	<b>1713 IRON WOOD CT E</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>OLDSMAR FL 34677</b>		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: 			<b>7-12-05</b> <b>727-848-9065</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

# ATTACHMENT

66025884

George N. Alexiou

August 13, 2005

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Florida Department of State,

SUBJECT: ANNUAL PROFIT REPORT/UNIFORM BUSINESS REPORT

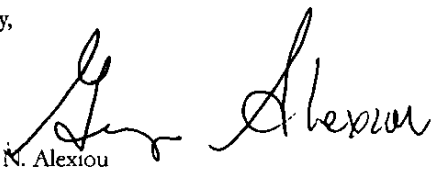
FEI Number 56-2417041 / Reference number P 03000134766

I received your letter dated July 25, 2005 regarding the late fee of \$400 that was supposed to be remitted with my filing. I sent in the initial \$150 on July 12, 2005 immediately upon receipt of the request for the annual report from the Florida Department of State. This filing fell outside of the normal reporting period due to me not having received the initial notification

As you will see in my July filing report and it's amendments, the name and address of the Registered Agent and other officers of the company has changed since the initial filing of our corporation in 2004. I was honestly unaware that any notification was sent by the State until the late fees were already past due.

Please waive the penalty, as this would place my new company under a financial hardship.

Sincerely,

  
George N. Alexiou  
Manager

GKN Properties, LLC

cc: File GKN Properties LLC

727-446-6349