

2005 FOR PROFIT CORPORATION ANNUAL REPORT

REJECTED

06-22-2005 90080 006 ***150.00

P04000001343

FILED

05 JUL -1 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ac 7/1/05



05232005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000001343			
1. Entity Name P.K.'S QUIK CHIK, INC.			
Principal Place of Business 11867 N. WILLIAMS ST. DUNNELLON, FL 34432		Mailing Address PO BOX 142 DUNNELLON, FL 34430	
2. Principal Place of Business <i>11867 N. Williams St.</i>		3. Mailing Address <i>PO Box 142</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Dunnellon, FL</i>		City & State <i>Dunnellon, FL 34430</i>	
Zip <i>34432</i>		Country <i>MANON</i>	
4. FEI Number 20-0570940		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RYAN-NALL, PATTI 8445 SW 177TH AVENUE ROAD DUNNELLON, FL 34432		7. Name and Address of New Registered Agent <i>PATTI RYAN-NALL</i> <i>8445 SW 177th Ave Road</i> <i>Dunnellon, FL</i> <i>34432</i>	
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 <i>[Signature]</i>		DATE <i>6-17-05</i>	
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <i>NALL</i> RYAN-NALL, PATTI 8445 SW 177TH AVENUE ROAD DUNNELLON, FL 34432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <i>RYAN-NALL, Patti</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V NALL, KEITH A <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>-sam</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>[Signature]</i>		DATE: <i>6-17-05</i>	

Patti's last name updated in error by this office when not initial. The document were filed. Customer has requested several