

FROM :

FAX NO. : 4078314407

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

05-02-2005 90394 001 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000007467			
1. Entity Name MSKC, INC.			
Principal Place of Business 6278 PALM VISTA ST PORT ORANGE, FL 32128		Mailing Address 6278 PALM VISTA ST PORT ORANGE, FL 32128	
2. Principal Place of Business 886 S. NOVA RD. Suite, Apt. #, etc. — OFFICE —		3. Mailing Address 6465 RENAISSANCE DR Suite, Apt. #, etc. —	
City & State DAYTONA BCH. FL		City & State PORT ORANGE FL	
Zip 32114	Country USA	Zip 32128	Country USA USA
4. FEI Number 200585178		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SODHI, SUKHPAUL 6278 PALM VISTA ST PORT ORANGE, FL 32128		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>S. Sodhi</u> DATE <u>04-20-05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP President Manmohan Sodhi 800 Pleasant Road East Port Orange FL 32127		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Secretary Paul Sodhi 6465 Renaissance Dr Port Orange FL 32128		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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 or changed, or on an attachment with an address with my other employment.			
SIGNATURE: <u>S. Sodhi</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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