

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 8:00 am
Secretary of State

03-27-2006 90275 038 ***150.00

DOCUMENT # P04000021586

1. Entity Name

M & K ENTERPRISES OF VOLUSIA COUNTY, INC.



Principal Place of Business

~~120 LK WINNEMISSETT DR~~
DELAND, FL 32724

32720

Mailing Address

~~120 LK WINNEMISSETT DR~~
DELAND, FL 32724

32720

DO NOT WRITE IN THIS SPACE



03102006

No Chg-P

CR2E034 (11/05)

4. FEI Number

20-0660943

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

KOENIG, MARY E

~~501 N BOSTON AVE~~ *217 N STONE ST.*
DELAND, FL 32724 *32720*

**DO NOT WRITE
IN THIS SPACE**

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 renewing)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|-----------------|--|
| TITLE | D |
| NAME | KOENIG, MARY E |
| STREET ADDRESS | 501 N BOSTON AVE <i>217 N STONE ST.</i> |
| CITY - ST - ZIP | DELAND, FL 32724 <i>32720</i> |
| TITLE | D |
| NAME | FOSSNES, KRISTIN |
| STREET ADDRESS | 501 N BOSTON AVE <i>217 N STONE ST.</i> |
| CITY - ST - ZIP | DELAND, FL 32724 <i>32720</i> |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-06 *386-734-5454*