

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90076 013 ***150.00

DOCUMENT # P04000049769

1. Entity Name
RKP ENTERPRISES, INC.



Principal Place of Business
3190 GLENVIEW RD
THE VILLAGES, FL 32162

Mailing Address
3190 GLENVIEW RD
THE VILLAGES, FL 32162

40099614



2. Principal Place of Business - No P.O. Box #
3194 GLENVIEW RD

3. Mailing Address
3194 GLENVIEW RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252007 Chg-P CR2E034 (12/06)

City & State

City & State
THE VILLAGES, FL

4. FEI Number
20-0960921

Applied For
Not Applicable

Zip

Country

Zip

32162

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHULTE, KIMBERLY A
127 N 7TH ST
LEESBURG, FL 34748

7. Name and Address of New Registered Agent

Name
PERKINS, RICHARD
Street Address (P.O. Box Number is Not Acceptable)
3194 GLENVIEW ROAD
City
THE VILLAGES FL Zip Code
32162

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-01-07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PENKINS, RICHARD 3190 GLENVIEW RD THE VILLAGES, FL 32162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS PERKINS, KAREN 3190 GLENVIEW RD THE VILLAGES, FL 32162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PERKINS, RICHARD 3194 GLENVIEW ROAD THE VILLAGES, FL 32162	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PERKINS, KAREN 3194 GLENVIEW RD THE VILLAGES, FL 32162	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-01-07

Date

352 753 007

Daytime Phone #