


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-02-2005 90032 023 ***150.00

DOCUMENT # P04000053583 1. Entity Name VK REAL ESTATE, INC.					
Principal Place of Business 6099 N ATLANTIC AVE CAPE CANAVERAL, FL 32920			Mailing Address 6099 N ATLANTIC AVE CAPE CANAVERAL, FL 32920		
2. Principal Place of Business P.O. Box 488 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 488 Suite, Apt. #, etc.			
City & State Cape Canaveral, FL		City & State Cape Canaveral, FL		4. FEI Number 20-2146886	
Zip 32920		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 32920		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KEENAN, VINCENT 6099 N ATLANTIC AVE CAPE CANAVERAL, FL 32920				7. Name and Address of New Registered Agent Name Burgett, Stacy L Street Address (P.O. Box Number is Not Acceptable) 3490 N. HWY US 1 City Cocoa FL Zip Code 32926	
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><i>Stacy L Burgett</i></u> <u><i>Stacy L Burgett</i></u> <u><i>1/25/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			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	D KEENAN, VINCENT <input checked="" type="checkbox"/> Delete 6099 N ATLANTIC AVE CAPE CANAVERAL, FL 32920		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Burgett, Frederick C Jr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 425 Pierce Ave, #210 Cape Canaveral, FL 32920	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Burgett, Brooks B <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1226 Potomac Drive Merritt Island, FL 32952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Emmick, John T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2460 Palm Lake Drive Merritt Island, FL 32952	
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	
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)(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: <u><i>FREDERICK C. BURGETT, JR.</i></u> <u><i>1/13/05</i></u> <u><i>321-784 1716</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					