### 2008 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P04000053583

1. Entity Name

VK REAL ESTATE, INC.



FILED
Jan 17, 2008 08:00 AN
Secretary of State

Principal Place of Business

PO BOX 488

CAPE CANAVERAL, FL 32920

Mailing Address

PO BOX 488

CAPE CANAVERAL, FL 32920



#### DO NOT WRITE IN THIS SPACE

01022008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2146886 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURGETT, STACEY L 3490 N. HWY US 1 COCOA, FL 32926

# DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	ourpose of changing its registered office of	r registered agent, or bo	th. in the State of Florida. Tam familiar with, and accept
SIGNATURE_				
	Signature, typed or printed risme of registered agent and title	if applicable. (NOTE: Registered Agent signs	ture required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees	U00000787242 01/17/08-80070-025 150.00
10.	OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BURGETT, FREDERICK C JR 425 PIERCE AVE #210 CAPE CANAVERAL, FL 32920			
THILE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BURGETT, FREDERICK C JR 425 PIERCE AVE SUITE 210 CAPE CANAVERAL, FL 32920			

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12. I hereby certify that the information supplied with this filling 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: \_

TITLE NAME STREET ADDRESS

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NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
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CITY-ST-ZIP
TITLE
STREET ADDRESS
CITY-ST-ZIP

CITY-ST-7P

SIGNATURE AND TYPED OR WINNED NAME OF SIGNING OFFICER OR DIRECTOR

. BURGETT JR 1/

08 321 784 17