

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000064538

1. Entity Name
S & K GOURMET INC.



FILED
05 MAY 20 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**24813 MARY BETH CT
LAND O'LAKES, FL 34639**

Mailing Address
**24813 MARY BETH CT
LAND O'LAKES, FL 34639**

2. Principal Place of Business
39010 SR 575

3. Mailing Address
Suite, Apt. #, etc.

City & State
Lacoochee, FL

Zip
33537

Country
PASCO



05162005 Chg-P CR2E034 (10/03)

4. FEI Number
20-1018768

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KASSELYAS, SAMI J
24813 MARY BETH CT
LAND O'LAKES, FL 34639**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25

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 | D KASSELYAS, SAMI J 24813 MARY BETH CT LAND O'LAKES, FL 34639 <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 | SECRETARY / TALLAHASSEE KATHERINE L. KASSELYAS 24813 MARY BETH CT LAND O'LAKES, FL 34639 <input type="checkbox"/> Change <input checked="" 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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 8000557160 <input type="checkbox"/> Change <input type="checkbox"/> Addition 06/03/05--01040--018 **\$61.25 |
| 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: Sami J. Kasselyas President **9/16/05 352-583-4666**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #