


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000064538

1. Entity Name
S & K GOURMET INC.



Principal Place of Business
**39010 SR 575
 LACOOCHEE, FL 33537**

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

DO NOT WRITE IN THIS SPACE



01142008 No Chg-P CR2E034 (11/05)

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**

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

DATE
000000700447
01/18/08-80043-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KASSELYAS, SAMI J
STREET ADDRESS	24813 MARY BETH CT
CITY - ST - ZIP	LAND O' LAKES, FL 34639
TITLE	ST
NAME	KASSELYAS, KATHERINE L
STREET ADDRESS	24813 MARY BETH CT
CITY - ST - ZIP	LAND O' LAKES, FL 34639
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: *Sami J. Kasekya-L...* Date: 01/14/08

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