

**FILED**  
**Jun 06, 2007 8:00 am**  
**Secretary of State**

06-06-2007 90002 016 \*\*\*150.00

2007 FOR PROFIT CORPORATION Annual

DOCUMENT # P04000084014  
1. Entity Name

KJK & ASSOCIATES, INC.

**DO NOT WRITE IN THIS SPACE**

40119932

2. Principal Place of Business  
4374 NW 113 TERRACE  
Suite, Apt. #, etc.

3. Mailing Address  
4374 NW 113 TERRACE  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
CORAL SPRINGS, FL

City & State  
CORAL SPRINGS, FL

4. FEI Number  
20-1176292

Applied For  
Not Applicable

Zip  
33065

Country

Zip  
33065

Country

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
KELLOGG, KEVIN J

Street Address (P.O. Box Number is Not Acceptable)  
4374 NW 113 TERRACE

City  
CORAL SPRINGS

FL

Zip Code  
33065

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$81.25

Make Check Payable to Florida Department of State

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  
P  
KELLOGG, KEVIN J  
4374 NW 113 TERRACE  
CORAL SPRINGS, FL 33065

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X K-J Kellogg KEVIN KELLOGG, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #