


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2007 08:00 A
Secretary of State

DOCUMENT # P04000088864

1. Entity Name
G K & A INC.



Principal Place of Business 931 BALI RD COCOA BCH, FL 32931	Mailing Address 931 BALI RD COCOA BCH, FL 32931
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 84-1652149	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SMITH, KIMBERLY J
 931 BALI RD
 COCOA BCH, FL 32931**

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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 SMITH, GARRISON H 931 BALI RD COCOA BCH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, KIMBERLY J 931 BALI RD COCOA BCH, FL 32931
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 08/31/07-80003-015 550.00

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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: Kimberly Smith Kimberly Smith 321 223-9880

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