


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 08, 2005 8:00 am**  
**Secretary of State**

07-08-2005 90021 016 \*\*\*150.00

<b>DOCUMENT # P04000121060</b>	
1. Entity Name <b>LGK ENTERPRISES INC.</b>	

Principal Place of Business <b>618 HOWARD CREEK LANE STUART, FL 34994</b>	Mailing Address <b>618 HOWARD CREEK LANE STUART, FL 34994</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

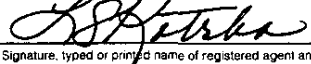


07052005 Chg-P CR2E034 (10/03)

4. FEI Number <b>27-0100956</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>KOTRBA, LINDA 618 HOWARD CREEK LANE STUART, FL 34994</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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.

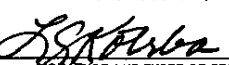
SIGNATURE  DATE **6/30/05**

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

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>KOTRBA, LINDA 618 HOWARD CREEK LANE STUART, FL 34994</b>	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
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
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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:  **LINDA G KOTRBA** DATE **6/30/05** DAYTIME PHONE # **772-398-0269**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

#PO4000121060

50055184

**LGK ENTERPRISES, INC.**  
**618 HOWARD CREEK LANE**  
**STUART, FL 34994**  
**866-844-4880**

**July 5, 2005**

**Division of Corporations**  
**P.O. Box 1500**  
**Tallahassee, FL 32302-1500**

**Re: LGK Enterprises, Inc.**  
**EIN: 27-0100956**

**Dear Sirs:**

**Enclosed is my annual report form and check for \$150 made payable to the Department of Corporations.**

**I did not receive any prior notification that this report was due until I received the Notice to Dissolve on Thursday, June 30<sup>th</sup>. As instructed on your website, I have filled out the form and enclosed my corporate check.**

**Please call me at the above number if you have any questions or need further information.**

**Thank you for your help in this matter.**

**Sincerely,**



**Linda Kotrba**  
**President**