

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000142681

FILED
May 02, 2007
Secretary of State

Entity Name: S & K REAL ESTATE SERVICES, INC.

Current Principal Place of Business:

3907 FONTAINEBLEAU DRIVE
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

3907 FONTAINEBLEAU DRIVE
TAMPA, FL 33634

New Mailing Address:

FEI Number: 57-1213804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'CONNOR, KERRY A ESQ.
9743 U.S. HIGHWAY 19
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: MOORD, STACY M
Address: P.O. BOX 5364
City-St-Zip: CLEARWATER, FL 33758

Title: VTD () Delete
Name: PAIGHT, ANITA K
Address: 3907 FONTAINEBLEAU DRIVE
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STACY M MOORD

PSD

05/02/2007

Electronic Signature of Signing Officer or Director

_____ Date