

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000153148

1. Entity Name
S.K. EBONY, INC.



Principal Place of Business
203 48TH ST. #5
JACKSONVILLE, FL 32208

Mailing Address
203 48TH ST. #5
JACKSONVILLE, FL 32208

FILED

06/SEP/2007 PM 9:17 139 040
150.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5301 Norwood Ave

City & State
Jacksonville, FL

City & State

Zip
32208

Country
Duval

Zip

Country

04182007

Chg-P

CR2E034 (12/06)

4. FEI Number
20-2371358

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIM, TOO J
203 48TH ST. #5
JACKSONVILLE, FL 32208

Address
change
only

Name

Kim, Too J

Street Address (P.O. Box Number is Not Acceptable)

5301 Norwood Ave

City

Jax. FL

FL

Zip Code

32208

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

9-19-07

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIM, TOO J 203 48TH ST. #5 JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KIM, YOUNG J 203 48TH ST. #5 JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SONG, HONG S 203 48TH ST. #5 JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KIM, TOO J 203 48TH ST. #5 JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition
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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 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

Too Jong Kim

9-19-07 (904)

Daytime Phone 252-9620

Min C. Bae C.P.A.
140 Southern Grove Dr.
Jacksonville, FL. 32259
Ph: (904) 864-2588
Fx: (904) 287-8174

To Russell Hunt,

We have talked about this matter on the phone. My client got his annual report returned because he did not sign the paper but did pay for the fee.

I am sending the paper back with his signatures.

Thank you,
Min Bae