

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000156305

1. Entity Name
MK-FLA DEVELOPMENT CORP.Principal Place of Business
1637 N MILWAUKEE AVE
CHICAGO, IL 60647Mailing Address
1658 N MILWAUKEE AVE BOX 266
CHICAGO, IL 60647

FILED
06 AUG 25 PM 1:45
SECRETARY OF STATE
HALL ANDERSON, FLORIDA



07102006 No Chg-P CR2E034 (11/05) 06

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1896024Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEIDER, WILLIAM M
200 S ORANGE AVE
SARASOTA, FL 34236DO 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 20069. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesIn accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KINKE, MATTHEW R
STREET ADDRESS	1637 N MILWAUKEE
CITY-ST-ZIP	CHICAGO, IL 60647

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

500077921675
07/21/06--01009--013 **450.00DO NOT WRITE
IN THIS SPACE

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 live empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NICK KOLL

7/10/06

Date

Daytime Phone #

MATTHEW R KINKE PRESIDENT 8/21/06