

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P06000012535**

1. Entity Name  
R.T.K. SERVICES, INC.



Principal Place of Business  
3625 PEMBROKE ROAD  
BAY #C9  
HOLLYWOOD, FL 33021 US

Mailing Address  
3625 PEMBROKE ROAD  
BAY #C9  
HOLLYWOOD, FL 33021 US



03262008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4210435

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KLINE, RICHARD  
3451 NW 121 AVENUE  
SUNRISE, FL 33323

**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

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**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000307970  
05/05/08-90011-002 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	KLINE, RICHARD
STREET ADDRESS	3451 NW 121 AVENUE
CITY- ST- ZIP	SUNRISE, FL 33323
TITLE	VP
NAME	KLINE, THERESA M
STREET ADDRESS	3451 NW 121 AVENUE
CITY- ST- ZIP	SUNRISE, FL 33323
TITLE	SEC.
NAME	KLINE, THERESA M
STREET ADDRESS	3451 NW 121 AVENUE
CITY- ST- ZIP	SUNRISE, FL 33323
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO 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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard Kline 4/17/08 954-989-2582