

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90030 047 ***150.00

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1. Entity Name
PCK ENTERPRISES, INC.



Principal Place of Business
6670 20TH STREET
VERO BEACH, FL 32966

Mailing Address
6670 20TH STREET
VERO BEACH, FL 32966

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01252008

Chg-P

CR2E034 (12/06)

4. FEI Number

20-4677399

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMSON, RONALD S
3592 BIRAGUE DRIVE
WELLINGTON, FL 33467

7. Name and Address of New Registered Agent

Name Williamson, Ronald S.

Street Address (P.O. Box Number is Not Acceptable)
6670 20th ST

City Vero Beach

FL

Zip Code 32966

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

10. OFFICERS AND DIRECTORS

TITLE PRES
NAME WILLIAMSON, RONALD S ☐ Delete
STREET ADDRESS 3592 BIRAGUE DRIVE
CITY-ST-ZIP WELLINGTON, FL 33467

TITLE VP
NAME WILLIAMSON, KIMBERLY A ☐ Delete
STREET ADDRESS 3592 BIRAGUE DRIVE
CITY-ST-ZIP WELLINGTON, FL 33467

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME Williamson, Ronald S.
STREET ADDRESS 6670 20th ST
CITY-ST-ZIP Vero Beach, FL 32966

TITLE VP ☒ Change ☐ Addition
NAME Williamson, Kimberly A.
STREET ADDRESS 6670 20th ST
CITY-ST-ZIP Vero Beach, FL 32966

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Williamson, Ronald S.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: *