


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90061 034 \*\*\*150.00

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # P06000108360</b><br>1. Entity Name<br><b>N AND K CONTRACTORS INCORPORATED</b>  |   |   |   |    |  |
| Principal Place of Business<br><b>3500 UNIVERSITY BLVD N<br/>APT. #3610<br/>JACKSONVILLE, FL 32277 DU</b>  |   |   | Mailing Address<br><b>3500 UNIVERSITY BLVD N<br/>APT #3610<br/>JACKSONVILLE, FL 32277 DU</b>                        |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>1715 Hodges Blvd.<br/>Suite, Apt. #, etc.<br/>#802</b>  |   |   | 3. Mailing Address<br><b>1715 Hodges Blvd.<br/>Suite, Apt. #, etc.<br/>#802</b>                                     |   |  |
| City & State<br><b>Jacksonville, FL</b>  |   | City & State<br><b>Jacksonville, FL</b>                           |   | 4. FEI Number<br><b>20-5417607</b>  |  |
| Zip<br><b>32224</b>  | Country<br><b>Duval</b>   | Zip<br><b>32224</b>   | Country<br><b>Duval</b>   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent -  |   |   |   | 7. Name and Address of New Registered Agent -   |  |
| <b>ELIAS, NICHOLAS K MR.<br/>3500 UNIVERSITY BLVD N<br/>APT. #3610<br/>JACKSONVILLE, FL 32277</b>  |   |   |   | Name <b>ELIAS, Nicholas K. MR.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1715 Hodges Blvd.<br/>#802</b><br>City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32224</b> |  |
| 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.<br>SIGNATURE <b>Nicholas K Elias President</b> <b>4-28-07</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>   |   |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$350.00</b>  |   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P<br/>ELIAS, NICHOLAS K MR.<br/>3500 UNIVERSITY BLVD N #3610<br/>JACKSONVILLE, FL 32277</b>  | <input type="checkbox"/> Delete                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P<br/>Elias, Nicholas K. MR.<br/>1715 Hodges Blvd #802<br/>Jacksonville, FL, 32224</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VP<br/>ELIAS, KIMBERLY S MRS.<br/>3500 UNIVERSITY BVD N #3610<br/>JACKSONVILLE, FL 32277</b> | <input type="checkbox"/> Delete                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VP<br/>ELIAS, Kimberly S. Mrs.<br/>1715 Hodges Blvd #802<br/>Jacksonville, FL, 32224</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   | <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: <b>Nicholas K. Elias</b> <b>4-28-07</b> <b>904-566-2958</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   | <small>Date Daytime Phone #</small>   |   |  |