


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90004 017 \*\*\*150.00

<b>DOCUMENT # P06000150565</b>		
1. Entity Name <b>E &amp; K INDUSTRIES, INC.</b>		

Principal Place of Business <b>9545 SAN JOSE BLVD JACKSONVILLE, FL 32257 US</b>	Mailing Address <b>9545 SAN JOSE BLVD JACKSONVILLE, FL 32257 US</b>
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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

40094234



04302007 Chg-P CR2E034 (12/06)

4. FEI Number <b>205995618</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MIZELL, LARRY 9545 SAN JOSE BLVD JACKSONVILLE, FL 32257</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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: *Larry Mizell* DATE: 4-30-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIZELL, LARRY	NAME	
STREET ADDRESS	9545 SAN JOSE BLVD	STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 32257	CITY - ST - ZIP	
TITLE	DVPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIZELL, EMILY	NAME	
STREET ADDRESS	9545 SAN JOSE BLVD	STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 32257	CITY - ST - ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIZELL, ANN	NAME	
STREET ADDRESS	9545 SAN JOSE BLVD	STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 32257	CITY - ST - ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWBERN, KIMBERLY	NAME	
STREET ADDRESS	9545 SAN JOSE BLVD	STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 32257	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: *Larry Mizell* DATE: 4-30-07 DAYTIME PHONE: 904-764-3336  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR