

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000045712

Entity Name: 4K ENTERPRISES, INC.

FILED
Jun 17, 2008
Secretary of State

Current Principal Place of Business:

5150 S. FERDON BLVD.
CRESTVIEW, FL 32536 US

New Principal Place of Business:

3022 BOB SIKES ROAD
DEFUNIAK SPRINGS, FL 32435 US

Current Mailing Address:

5150 S. FERDON BLVD.
CRESTVIEW, FL 32536 US

New Mailing Address:

3022 BOB SIKES ROAD
DEFUNIAK SPRINGS, FL 32435 US

FEI Number: 01-0893277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHANK, PHILIP S
3022 BOB SIKES ROAD
DEFUNIAK SPRINGS, FL 32435 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHANK, PHILIP S
Address: 3022 BOB SIKES ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

Title: VP () Delete
Name: PARKERSON, JACKIE L
Address: P. O. BOX 475
City-St-Zip: BAGDAD, FL 32530 US

Title: S (X) Delete
Name: SHANK, DONNA D
Address: 3022 BOB SIKES ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

Title: T (X) Delete
Name: SHANK, DONNA D
Address: 3022 BOB SIKES ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/V (X) Change () Addition
Name: SHANK, PHILIP S
Address: 3022 BOB SIKES ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

Title: S/T (X) Change () Addition
Name: SHANK, DONNA D
Address: 3022 BOB SIKES ROAD
City-St-Zip: DEFUNIAK SPRING, FL 32435 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA D. SHANK

S/T

06/17/2008

Electronic Signature of Signing Officer or Director

Date