2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 26, 2008 8:00 am Secretary of State

4/	•	ANNUAI	L REPORT		Secretary of State					
DOCUMENT # P07000115936]	03-26-2008	•		
1. Entity Nam E & K CO		INC.								
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Principal Place of Business			Mailing Address			ያ ነ	J 1 4 4 .			
807 WEST NORTH BLVD			31038 FAIRVISTA DR			.				•
LEESBURG, F	·L 34/48		TAVARES, FL 32778		:					
	(5)	N. BO B	T 8 44 25 - 4 44	,						
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				! 63 311	II 11301 11001 B	 	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		•	02252008	Chg-P	CR2E	34 (12/06)	
City & State			City & State			4. FEI Numb	er -/60324	47	1 	plied For t Applicable
Zip		Country	Zip	Coun	try		of Status Desired	<u> </u>	\$8.75 Add Fee Required	itional
ā	6. Name	and Address of Current	Registered Agent			7. Name and	Address of New R	egistered .		
GREEN, KARRI L					Name				فدد تقور	1
31038 FAI	RVISTA D				Street Address	(P.O. Box Numb	er is Not Acceptable)		
TAVARES	, FL 3277	8							-	
÷ -			City		· · · · · · · · · · · · · · · · · · ·		Zip Code	9		
8 The above	named entit	v submits this statement for		ared agent or bo	oth in the State of Flo	FL	<u> </u>			
 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										
	Signatura, typeti	Or printed name or registered agen	t data state in supplications. (140)	c. nogstore	u Agant signatura raques	u wileti (emalijurig)	<u> </u>	DATE		
FIL Affor M	E NOW!!!	FEE IS \$150:00 B Fee will be \$550.	9 Election Campa Trust Fund Con			.00 May Be ded to Fees				
10.		OFFICERS AND		11.		ADDITIONS	/CHANGES TO OFF	ICEBS AND	DIDECTOR	2 INI 11
TITLE	D	OF HOLIS AND	Delete	TITLE		ADDITIONS	TOTANGES TO OTT	IOLIO AND	Change	Addition
NAME	GREEN,			NAMI	- I					
STREET ADDRESS CITY-ST-ZIP	l	IRVISTA DR 5, FL 32778			ET AODRESS -ST-ZIP					
TITLE	D		☐ Delete	TITLE	:				☐ Change	☐ Addition
NAME STREET ADDRESS	GREEN, .	JAMES E IRVISTA DR		NAMI STRE	E Et adoress					
CITY:ST:ZIP	1	S, FL 32778			-ST-ZIP					
TITLE .			☐ Delete	TITLE	I				Change_	Addition
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STREET ADDRESS				STRE	ET ADORESS					
CITY-ST-ZIP			th this filing does not qualify f		-ST-ZIP	od in Chambra 11	O Florido Statuta I		-'*	.formation

12. I hereby certify that the information supplied with this filting 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: Havi L Then Karri L Green
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

225-08 (3

(352) 516-8358

Date Daytime Phone #