

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 OCT -9 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04212008 Chg-P CR2E034 (12/06)

DOCUMENT # P07000127081			
1. Entity Name COLKAY ENTERPRISE, INC			
Principal Place of Business 60 WOODWORTH DR. PALM COAST, FL 32164 US		Mailing Address 60 WOODWORTH DR. PALM COAST, FL 32164 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 800 BALLE TERRE PKWY	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 200	
City & State		City & State Palm Coast, FL	
Zip	Country	Zip	Country
32164		32164	Flagler
6. Name and Address of Current Registered Agent USA-RA, LLC 841 PRUDENTIAL DR. FLR. 12-6491007 JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$180.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARCELIN, ERNEST 60 WOODWORTH DR. PALM COAST, FL 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	04/24/08 90097009 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition \$150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: _____		4/22/2008 386-246961	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	