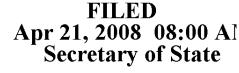
2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR) DOCUMENT # P93000076555 1. Entity Name KEREKES & ASSOCIATES, INC.



		•								
Principal Plac	e of Busines:	G	Mailing Address			-		•		
101 CENTURY 21 DRIVE SUITE 119F JACKSONVILLE FL 32216 US			1047 GALLANBT FOX CIR N JACKSONVILLE FL 32218 US							
2. Principal Place of Business - No P.C. Box #			3. Mailing Address			i	5/105/ NS :5/10 IIII = 1/11 00/// 1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Suite, Apt. #. etc.			Suite, Apt. #, etc.			1st MOORE CR2E034 (10/07)				
City & State			City & State			4. FEI Numb	^{oer} 59-3218042		_ 	optied For
Zıp	Zip Country		Zip Coun		try	5. Certificate of Status Desired S8.75 Addi		lítional		
	6. Name	and Address of Current R	egistered Agent	<u> </u>		7. Name an	d Address of New R	egistered A	gent	
					Name					
KEREKES, CHARLES V 101 CENTURY 21 DRIVE SUITE 119 F					Street Andress (P.O. Box Number is Not Acceptable)					
		LE FL 32216					-		T = 0 :	
					City			FL	Zip Code	o .
	named entiti ions of regist	y submits this statement for ered agent.	the purpose of changing its	registere	ed office or registe	ered agent, or b	oth, in the State of Flo	rida. Lamifa	amiliar with.	and accept
SIGNATURE .	S an iture, lyped	or chimed hame of registered incential	d (18 Famplication (NOT)	E Registriei	d Agert's giseture require	मा स्राच्या रकार्यसम्बद्धाः		DATE	· · · · · · · · · · · · · · · · · · ·	
After	May 1, 200	FEE IS \$150.00 8 Fee Will Be S550.00 6 Florida Department of			9. Election Campa Trust Fund Conf			00 May Be ed to Fees		
10.	k rayable ii	OFFICERS AND D		AFIDITIONS	CHANGES TO OFFI	CERS AND	DIRECTOR	1112		
TITLE	D	OF TOLING AND D	De'ete	11.		ADDITIONS	TOTANGES TO OTT	OLI 13 AND	Change	☐ Addition
NAME	KEREKES,	CHARLES	2 50000	NAM	i i					
STREET ADDRESS	1	JRY 21ST DRIVE #211-K	STREET ADDRESS CITY-ST-ZIP		U00000912165 05/07/08-80070-011_150.00					
CITY- ST- ZIP	JACKSON	VILLE FL 32216	Π a	-1			<u>05/07/08-3</u>		11 150 □ Change	DD
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CITY-ST-ZIP					-ST-ZIP					
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NAME				NAMI						
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST- ZIP					
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NAME			mi nede	NAMI					L. Grange	L. HORRON
STREET ADDRESS					et adoress					
CITY-ST-ZIP				CITY	-ST-ZIP		,,			

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 efficer 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.