


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90068 033 \*\*\*150.00

<b>DOCUMENT # P94000000354</b> 1. Entity Name <b>JK. HOSPITALITY, INC.</b>					
Principal Place of Business <b>ROUTE 4, BOX 355</b> <b>CHIPLEY, FL 32428</b>			Mailing Address <b>2070 DOWNING DR</b> <b>PENSACOLA, FL 32505 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1593 MAIN STREET</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>CHIPLEY FL</b>		City & State			
Zip <b>32428</b>		Country		4. FEI Number <b>59-3219803</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>CHASE, JAMES L</b> <b>101 EAST GOVERNMENT STREET</b> <b>PENSACOLA, FL 32501</b>			7. Name and Address of New Registered Agent Name <b>PATEL BHASKER</b> Street Address (P.O. Box Number is Not Acceptable) <b>2070 DOWNING DRIVE</b> City <b>PENSACOLA FL</b> Zip Code <b>32505</b>		
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 <u><i>[Signature]</i></u> DATE <u>02/8/07</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		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 <b>PATEL, BHASKER</b> <b>1593 MAIN ST.</b> <b>CHIPLEY, FL</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS <b>PATEL, MEENA</b> <b>1593 MAIN ST.</b> <b>CHIPLEY, FL</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: <u><i>[Signature]</i></u> <b>BHASKER PATEL</b> <u>2/8/07</u> <u>850-474-6213</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					