2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000074973

1. Entity Name
LKL INCORPORATED

Principal Place of Business

1500 S.E. 17TH STREET
BUILDING 300
OCALA, FL 34471

Mailing Address

1500 S.E. 17TH STREET
BUILDING 300
OCALA, FL 34471

DO NOT WRITE IN THIS SPACE

03012006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3278157	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DOWNEY, KEVIN I
2631 N.W. 41ST STREET
SUITE A-2
GAINESVILLE, FL 32606

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing ☐ **$5.00** May Be
Trust Fund Contribution.   Added to Fees

U000000458653
03/17/06-80048-021 150.00

10.   OFFICERS AND DIRECTORS

TITLE	VP
NAME	ROZANSKI, LUKE
STREET ADDRESS	7660 S. MAGNOLIA AVE.
CITY-ST-ZIP	OCALA, FL 34476
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Luke Rozanski*   Luke Rozanski   3/2/06   352-732-6676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #