2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 18, 2005 8:00 am Secretary of State **DOCUMENT # P94000076523** 1. Entity Name 04-18-2005 90550 018 ***150.00 A & K ENTERPRISES OF VERO, INC. Principal Place of Business Mailing Addre 1790 SANA) DOLLAR WAY 1605 19 PL VERO BEACH, FL 32963 VERO BEACH, FL 32960 2. Principal Place of Business 1790 SAND XXLLAR WAY 3. Mailing Address 1790 SAND DOLLAR WAY Suite, Apt. #, etc Suite, Apt. #, etc 04132005 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State VERD BEACH LIERO BEACH 65-0532262 Not Applicable ountry しら Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOONTZ; ALFRED J JR. - -Street Address (P.O. Box Number is Not Acceptable) 1790 SAND DOLLAR WAY VERO BEACH, FL 32963 Zip Code City 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 regis SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, VIII TITLE ☐ Delete ME Addition ☐ Change KOONTZ, ALFRED J JR. NAME NAME STREET ADDRESS 1790 SAND DOLLAR WAY STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32963 CITY - ST - ZIP TITLE ☐ Delete TITEF ☐ Change Addition NAME KOONTZ, KAY F NAME STREET ADDRESS 1790 SAND DOLLAR WAY STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32963 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MALIC STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 resolver 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 attackment light in an address, with all other like empowered. SIGNATURE: D NAME OF SIGN

FILED