2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 21, 2004 08:00 AM Secretary of State **DOCUMENT # P94000076739** PJK INVESTMENT CO., INC. Principal Place of Business Mailing Address 106 HANCOCK BRIDGE 106 HANCOCK BRIDGE D15-543 D15-543 CAPE CORAL, FL 33991 CAPE CORAL, FL 33991 04182004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 65-0547783 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KANAVOS, PETER J DO NOT WRITE 106 HANCOCK BRIDGE D15-543 IN THIS SPACE CAPE CORAL, FL 33991 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 (NOYE, Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE U00000122125 04/21/04-80017-007 150.00 MANG KANAVOS, PETER J JR. STREET ADDRESS 106 HANCOCK BRIDGE D15-543 CAPE CORAL, FL 33991 CHY-ST-7P TITLE MARKE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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:

CITY-ST-ZIP
TITLE
NAME
STRECT ADDRESS
CITY-ST-ZIP

RE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deytimu Phone *

FILED