

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000002584

1. Entity Name
PKSR, CORP.



Principal Place of Business
4620 JEFFERSON STREET
HOLLYWOOD, FL 33021

Mailing Address
4620 JEFFERSON STREET
HOLLYWOOD, FL 33021



02092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0660147

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROBINSON-SQUILLA, STEPHANIE A
5101 MADISON STREET
HOLLYWOOD, FL 33021

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IN THIS SPACE**

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	ROBINSON-SQUILLA, STEPHANIE A
STREET ADDRESS	5101 MADISON STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	ROBINSON, KEVIN J
STREET ADDRESS	506 SOUTH RAINBOW DRIVE
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	PD
NAME	ROBINSON, PETER D
STREET ADDRESS	4620 JEFFERSON STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 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:

Stephanie Robinson-Squilla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephanie Robinson-Squilla 2.10.04

954-518-1328
Date Daytime Phone #