

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P95000011692		
1. Entity Name PK - MO'S, INC.		

Principal Place of Business  
10703 S BEAR CREEK ROAD  
PANAMA CITY, FL 32404

Mailing Address  
10703 S BEAR CREEK ROAD  
PANAMA CITY, FL 32404

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**



02182004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3296232	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

FARMER, MONETTA L  
10703 S BEAR CREEK ROAD  
PANAMA CITY, FL 32404

**DO NOT WRITE  
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 P  
NAME MONETTA L. FARMER  
STREET ADDRESS 10703 S BEAR CK RD  
CITY-ST-ZIP PANAMA CITY, FL

TITLE VP  
NAME PAULA R. KELLER  
STREET ADDRESS 10703 S. BEAR CK RD  
CITY-ST-ZIP PANAMA CITY, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000121851  
04/21/04-80006-001 150.00

**DO NOT WRITE  
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)(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 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:** Paula Keller **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/20/04 850-747-0264  
Date Daytime Phone #