

2006 FOR PROFIT CORPORATION ANNUAL REPORT

CO# GL# SUB ACCT# AMOUNT

100 **APR 25, 2006 08:00 AM**
Secretary of State

DOCUMENT # P95000048073

1. Entity Name
MKV REALTY, INC.



APPROVAL

Chk

TOTAL **150.00**
DATE

Principal Place of Business
631 US HWY ONE
SUITE 406
NORTH PALM BEACH, FL 33408

Mailing Address
631 US HWY ONE
SUITE 406
NORTH PALM BEACH, FL 33408



04042006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0589317** Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MACKEY, WALTER J JR.
631 US HWY ONE
SUITE 406
NORTH PALM BEACH, FL 33408

**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 _____ (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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **T**
NAME **KRUMM, WALTER T**
STREET ADDRESS **4951 GULF SHORE BLVD N, PH301**
CITY-ST-ZIP **NAPLES, FL**

TITLE **DP**
NAME **MACKEY, WALTER**
STREET ADDRESS **772 LAGOON DR**
CITY-ST-ZIP **N. PALM BEACH, FL**

TITLE **ST**
NAME **WILLIAMS, EDWARD S**
STREET ADDRESS **6080 TERRA ROSA CIRCLE**
CITY-ST-ZIP **BOYNTON BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Edward S Williams **EDWARD S WILLIAMS**
Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/24/06** Daytime Phone # _____