

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90018 032 ***150.00

DOCUMENT # P95000079303

1. Entity Name

K. TEK SYSTEMS, INC.



Principal Place of Business

2536 COUNTRY SIDE BLVD.
SUITE 200
CLEARWATER FL 33763
US

Mailing Address

2536 COUNTRY SIDE BLVD.
SUITE 200
CLEARWATER FL 33763
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-3338913

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DURING, KIMBERLY K
2536 COUNTRYSIDE BLVD
SUITE 200
CLEARWATER FL 33763

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Delete
NAME	DURING, KIMBERLY K	
STREET ADDRESS	2536 COUNTRY SIDE BLVD STE 200	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	BOD	<input checked="" type="checkbox"/> Delete
NAME	DURING, JOSEPH J MR	
STREET ADDRESS	1801 SORREL DR.	
CITY-ST-ZIP	TRINITY FL 34655	
TITLE	BOD	<input checked="" type="checkbox"/> Delete
NAME	HILLIER, TODD A MR.	
STREET ADDRESS	10 RIVER RD, APT. 14B	
CITY-ST-ZIP	NEW YORK CITY NY 10044	
TITLE	BOD	<input checked="" type="checkbox"/> Delete
NAME	DURING, RONALD A MR.	
STREET ADDRESS	2536 COUNTRYSIDE BLVD.	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DURING, RONALD A MR.	
STREET ADDRESS	2536 COUNTRYSIDE BLVD.	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/08

Date

Daytime Phone #