## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 27, 2006 8:00 am Secretary of State DOCUMENT # P96000009623 04-27-2006 90193 003 \*\*\*150.00 JK'S FAMILY RESTAURANT, INC. Principal Place of Business Mailing Address 40000114 199 AVE. K S.E. 199 AVE. K S.E. WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880 2. Principal Place of Business 801 Hobb Suite, Apt. #, etc. 03302006 CR2E034 (11/05) Chg-P Applied For City & State City & State 4. FEI Number 59-3356754 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent KEITH, W.C. Street Address (P.O. Box Number is Not Acceptable) 1517 COMMERCIAL PARK DRIVE LAKELAND, FL 33801 City 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. 1 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PD Change : ☐ Delete TITLE ☐ Addition TITLE Knight, James 1307 Hoobs Ro Allburndale, 1 KNIGHT, JAMES NAME NAME STREET ADDRESS 199 AVE. K S.E. STREET ADDRESS C/TY-ST-ZIP WINTER HAVEN, FL 33880 CITY-ST-ZIP ☐ Delete **Change** ☐ Addition TITLE RUGGIERI, MARK NAME STREET ADORESS 199 AVE, K S.E. STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 CITY-ST-ZIP ☐ Delete TITLE SD TITLE Change ■ Addition Knight KNIGHT, KITTY NAME NAME STREET ADDRESS 199 AVE. K S.E. STREET ADORESS CITY-ST-ZIP WINTER HAVEN, FL 33880 CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CCY-ST-7P ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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:X

TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytyme Phone #