


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000019171 1. Entity Name DEL-KEN ENTERPRISES, INC.	
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Principal Place of Business 3810 GAINES DR WINTER HAVEN, FL 33884 US	Mailing Address 3810 GAINES DR WINTER HAVEN, FL 33884 US
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06292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3405907	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IRVEN, KEN
3810 GAINES DRIVE
WINTER HAVEN, FL 33884

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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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IRVIN, KEN 3810 GAINES DR WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JUNKER, DEL 805 QUAIL RIDGE CT ELIZABETHON, TN 37643
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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: Ken Irvin KEN IRVIN Date: 6/29/05 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR