

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90014 007 \*\*\*150.00

**DOCUMENT # P96000033641**

1. Entity Name

PWK ENTERPRISES, INC.



Principal Place of Business

27635 RIDGEWOOD AVE  
STE C  
SOUTH DAYTONA FL 32119

Mailing Address

27635 RIDGEWOOD AVE  
STE C  
SOUTH DAYTONA FL 32119

2. Principal Place of Business

2763 South Ridgewood Ave  
Suite, Apt. #, etc.  
Suite C

3. Mailing Address

2763 South Ridgewood Ave  
Suite, Apt. #, etc.  
Suite C

City & State

South DAYTONA FL

City & State

South DAYTONA FL

Zip

32119

Country

USA

Zip

32119

Country

USA

6. Name and Address of Current Registered Agent

PATRICIA STATT  
219 SANDY CIRCLE  
SOUTH DAYTONA FL 32119

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	STATT, PATRICIA	
STREET ADDRESS	219 SANDY CIRCLE	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHEID GERALD G	
STREET ADDRESS	219 SANDY CIRCLE	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHEID, KURTIS J	
STREET ADDRESS	242 SANDY CIR	
CITY-ST-ZIP	S. DAYTONA FL 32119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:** Patricia Statt PATRICIA STATT 2-7-04 386 761-3138  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #