## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## **FILED** Apr 05, 2007 08:00 All Secretary of State DOCUMENT # P97000004360 1. Entity Name J K DESIGN, INC. Principal Place of Business Mailing Address 270 83RD AVE N 270 83RD AVE N ST PETERSBURG FL 33702 ST PETERSBURG FL 33702 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3417053 Not Applicable Ζıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KASSIS, JOHN W Street Address (P.O. Box Number is Not Acceptable) 8919 BAY STREET N.E. ST PETERSBURG FL 33702 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 r applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THE Delete TITLE ☐ Change ☐ Addition KASSIS, JOHN W NAME 8919 BAY STREET N.E. STREET ADDRESS STREET ADDRESS ST PETERSBURHG FL 33702 CITY-ST-ZIP CITY-SI-ZIP IIILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME U00000691452 STREET ADDRESS STREET ADDRESS 04/13/07-80011-011 150.00 CITY-ST-ZIP CITY-ST-ZIP ( ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 11111 Delete IIILE 35 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY - ST - ZIP TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IIILE ☐ Addition Change NAMI. NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 eath; that I am an efficer 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.

NAME OF SIGNING OFFICER OR DIRECTOR