

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P97000065793**

1. Entity Name  
R & K OF NOBLETON INC.



**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business  
29250 LAKE LINDSEY RD  
NOBLETON, FL 34661 US

Mailing Address  
P.O. BOX 148  
ISTACHATTA, FL 34636 US



**DO NOT WRITE IN THIS SPACE**

01152005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3459355

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MCKEEN, REX  
29250 LK LINDSEY ROAD  
NOBLETON, FL 34661

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MCKEEN, REX<br>P.O. BOX 148 ((N/A))<br>ISTACHATTA, FL 34636   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MCKEEN, KATHY<br>P.O. BOX 148 ((N/A))<br>ISTACHATTA, FL 34636 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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01/28/05-80036-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Kathy McKeen* Kathy McKeen 1-26-05 (352) 796-961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deadline Fee