


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P97000081775</b> 1. Entity Name J.K. OF CENTRAL FLORIDA, INC.	
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Principal Place of Business 1849 PINE BAY DRIVE LAKE MARY, FL 32746	Mailing Address 1849 PINE BAY DRIVE LAKE MARY, FL 32746
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01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3469396	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  PATEL, JAY K 1849 PINE BAY DRIVE LAKE MARY, FL 32746
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000884840 04/17/08-80059-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PATEL, JAYANTI K 1849 PINE BAY DRIVE LAKE MARY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PATEL, KUSUM J 1849 PINE BAY DRIVE LAKE MARY, FL
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12. I hereby certify that the information supplied with this filing 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.	
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>4/2/08 (407)834-7233</b> <small>Date Daytime Phone #</small>