2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000100632

1. Entity Name

RK ENTERPRISES OF SARASOTA, INC.



FILED Apr 14, 2004 8:00 am Secretary of State

04-14-2004 90013 039 ***150.00

Principal Place of Business

7518 EATON COURT

UNIVERSITY PARK, FL 34201

Mailing Address

7518 EATON COURT

UNIVERSITY PARK, FL 34201

54032512

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DO NOT	WRITE	IN T	211	SPAC	F

No Chg-P 03312004

CR2E034 (10/03)

4. FEI Number 65-0795249

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRIMES, WILLIAM C ESQ 1023 MANATEE AVE W BRADENTON, FL 34205

DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the plices of registered agent.	ourpose of changing its registere	d office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accep	
SIGNATURE.					
	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	Agent signature required when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	 Election Campaign Finant Trust Fund Contribution. 	sing. \$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSTP KAKARALA, RANGA 7518 EATON COURT UNIVERSITY PARK, FL 34201				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KAKARALA, CHANDRA L 11929 CROSSWAY DR FORT WAYNE, IN 46814				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN T	THIS SPACE	
TITLE 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP