

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90022 022 \*\*\*150.00

DOCUMENT # P98000015526

1. Entity Name

FPK, INC.



Principal Place of Business

418-A FREMONT AVE  
DAYTONA BEACH FL 32114

Mailing Address

418-A FREMONT AVE  
DAYTONA BEACH FL 32114



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3498900

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FLORIO, PATRICIA A  
418-A FREMONT AVE  
DAYTONA BEACH FL 32114

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, 2007 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	P	<input checked="" type="checkbox"/> Delete
NAME	FLORIO, DANIEL	
STREET ADDRESS	705 ART CENTER AVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FLORIO, MICHAEL	
STREET ADDRESS	929 SEA DUCK DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FLORIO, KAY FRANCES	
STREET ADDRESS	705 ART CENTER AVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	T	<input type="checkbox"/> Delete
NAME	FLORIO, PATRICIA A	
STREET ADDRESS	929 SEA DUCK DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
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	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORIO, MICHAEL	
STREET ADDRESS	929 SEA DUCK DRIVE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32119	
TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICIA A. FLORIO	
STREET ADDRESS	929 SEA DUCK DRIVE	
CITY-ST-ZIP	32119 DAYTONA BEACH FL	
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 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 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 Florio*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sally Treasurer*

Date

Daytime Phone

3.6.07  
321-2338-1700