

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90044 004 \*\*\*150.00

**DOCUMENT # P98000058899**

1. Entity Name

**THREE K ENTERPRISES, INC.**



Principal Place of Business

20301 SW 296TH ST  
HOMESTEAD FL 33030

Mailing Address

20301 SW 296TH ST  
HOMESTEAD FL 33030

00016400

2. Principal Place of Business

7100-39 FAIRWAY DR.

3. Mailing Address

7100-39 FAIRWAY DR.

Suite, Apt. #, etc.

#142

Suite, Apt. #, etc.

#142

City & State

PALM BEACH GARDENS FL

City & State

PALM BEACH GARDENS FL

Zip

33418

Country

USA

Zip

33418

Country

USA



1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0847594

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KATES, JOHN E JR  
20301 SW 296TH ST  
HOMESTEAD FL 33030

7. Name and Address of New Registered Agent

Name KATES, JOHN E. JR.

Street Address (P.O. Box Number is Not Acceptable)

115 BROOKHAVEN CT.

City PALM BEACH GARDENS FL

Zip Code

33418

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**

**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 PST ☐ Delete  
NAME KATES, JOHN E JR  
STREET ADDRESS 20301 SW 296TH ST  
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE VP ☐ Delete  
NAME KATES, JOHN E III  
STREET ADDRESS 20301 SW 296TH ST  
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE VP ☐ Delete  
NAME KATES, JEFF A  
STREET ADDRESS 20301 SW 296TH ST  
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST ☒ Change ☐ Addition  
NAME KATES, JOHN E. JR.  
STREET ADDRESS 115 BROOKHAVEN CT  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE VP ☒ Change ☐ Addition  
NAME KATES, JOHN E III  
STREET ADDRESS 115 BROOKHAVEN CT  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE VP ☒ Change ☐ Addition  
NAME KATES, JEFF A  
STREET ADDRESS 115 BROOKHAVEN CT  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*[Signature]*

JOHN E. KATES JR PRES. 2/3/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #