

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000076680**



1. Entity Name  
D.K.A. INC.

Principal Place of Business

741 NE 3RD STREET  
SUITE #1  
OCALA, FL 34470

Mailing Address

P.O. BOX 1057  
OCALA, FL 34478

**DO NOT WRITE IN THIS SPACE**



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3541892

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

ANDREWS, LAN  
741 NE 3RD STREET  
SUITE #1  
OCALA, FL 34470

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000583855  
01/12/07-80013-013 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
ANDREWS, LAN  
741 NE 3RD ST  
OCALA, FL 34470

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
PLUNKETT, OLIVER  
741 NE 3RD ST  
OCALA, FL 34470

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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.

**SIGNATURE:**

*LAN ANDREWS* / LAN ANDREWS

1-5-07

352-812-5688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #