

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000085083

Entity Name: P.K.C. PROPERTIES, INC.

FILED
Jan 15, 2005
Secretary of State

Current Principal Place of Business:

8800 PINEHURST DRIVE
SEMINOLE, FL 33777

New Principal Place of Business:

441 173RD AVE
NORTH REDINGTON BEACH, FL 33708

Current Mailing Address:

8800 PINEHURST DRIVE
SEMINOLE, FL 33777

New Mailing Address:

441 173RD AVE
NORTH REDINGTON BEACH, FL 33708

FEI Number: 59-3538691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HALE-CLAVER, KATRENA
8800 PINEHURST DRIVE
SEMINOLE, FL 33777 US

Name and Address of New Registered Agent:

HALE-CLAVER, KATRENA
441 173RD AVE
NORTH REDINGTON BEACH, FL 33708 US

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.

SIGNATURE:

01/15/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: CLAVER, PAUL J
Address: 8800 PINEHURST DRIVE
City-St-Zip: SEMINOLE, FL 33777

Title: PD () Delete
Name: HALE-CLAVER, KATRENA
Address: 8800 PINEHURST DRIVE
City-St-Zip: SEMINOLE, FL 33777

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: CLAVER, PAUL J
Address: 441 173RD AVE
City-St-Zip: NORTH REDINGTON BEACH, FL 33708

Title: PD (X) Change () Addition
Name: HALE-CLAVER, KATRENA
Address: 441 173RD AVE
City-St-Zip: NORTH REDINGTON BEACH, FL 33708

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATRENA HALE-CLAVER

PD

01/15/2005

Electronic Signature of Signing Officer or Director

Date