

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90095 022 \*\*\*150.00

**DOCUMENT # P98000100140**

1. Entity Name  
**JKS PROPERTIES, INC.**



Principal Place of Business

**71 EAST CHURCH ST  
ORLANDO, FL 32801**

Mailing Address

**71 EAST CHURCH ST  
ORLANDO, FL 32801**

**50011379**



2. Principal Place of Business

**232 S. Dillard St.  
Suite, Apt. #, etc.  
Ste. 201**

3. Mailing Address

**P.O. BOX 770609  
Suite, Apt. #, etc.**

01262005

Chg-P

CR2E034 (10/03)

City & State

**Winter Garden FL**

City & State

**WINTER GARDEN FL**

4. FEI Number

**59-3547216**

Applied For

Not Applicable

Zip

**34787**

Country

Zip

**34777**

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PRATT, JAMES R  
369 NORTH NEW YORK AVE, 3RD FL  
WINTER PARK, FL 32789**

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KAMINSKI, CHRISTOPHER L  
71 EAST CHURCH ST  
ORLANDO, FL 32801** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SEDLUFF, JEFFREY A  
71 EAST CHURCH ST  
ORLANDO, FL 32801** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
JUNE, ROHLAND A II.  
71 EAST CHURCH ST  
ORLANDO, FL 32801** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P.O. BOX 770609  
WINTER GARDEN, FL 34777** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P.O. BOX 770609  
WINTER GARDEN, FL 34777** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P.O. BOX 770609  
WINTER GARDEN FL 34777** ☒ Change ☐ Addition

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

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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

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:

**Rohland A. June II**

**2-1-05**

**407-905-8180**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #