

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000100140

1. Entity Name
JKS PROPERTIES, INC.



FILED
Apr 27, 2006 08:00 AM
Secretary of State

Principal Place of Business
**232 S. DILLARD ST
STE 201
WINTER GARDEN, FL 34787**

Mailing Address
**PO BOX 770609
WINTER GARDEN, FL 34777**



DO NOT WRITE IN THIS SPACE

04182006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-3547216** Applied For
Not Applicable

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**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KAMINSKI, CHRISTOPHER L
STREET ADDRESS	PO BOX 770609
CITY-ST-ZIP	WINTER GARDEN, FL 34777
TITLE	D
NAME	SEDLOFF, JEFFREY A
STREET ADDRESS	PO BOX 770609
CITY-ST-ZIP	WINTER GARDEN, FL 34777
TITLE	D
NAME	JUNE, ROHLAND A II.
STREET ADDRESS	PO BOX 770609
CITY-ST-ZIP	WINTER GARDEN, FL 34777
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000539578
05/03/06-80105-017 150.00

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rohland June
Director

Date

Daytime Phone #

4/24/06

407905-1180