

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 28, 2004 8:00 am
Secretary of State

07-28-2004 90015 009 ***150.00

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1. Entity Name

DK PROPERTY MANAGEMENT, INC.



Principal Place of Business

672 EAGLE CIRCLE
DELRAY BEACH, FL 33444

Mailing Address

672 EAGLE CIRCLE
DELRAY BEACH, FL 33444

DO NOT WRITE IN THIS SPACE



07092004

No Chg-P

CR2E034 (10/03)

4. FEI Number

65-0886970

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLINE, DONALD A
672 EAGLE CIRCLE
DELRAY BEACH, FL 33444

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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
Due by September 8, 2004

9. Election Campaign Financing
☐ Trust Fund Contribution.

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PS
NAME KLINE, DONALD A
STREET ADDRESS 672 EAGLE CIRCLE
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE VT
NAME DOMERCHIE, AMY
STREET ADDRESS 672 EAGLE CIRCLE
CITY-ST-ZIP DELRAY BEACH, FL 33444

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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #