


2007 FOR PROFIT CORPORATION ANNUAL REPORT

Make check payable to
 Florida Dept. of State for \$150.00
 Sign and mail by **FILED**
Apr 05, 2007 08:00 AM
Secretary of State


DOCUMENT # P99000026194

1. Entity Name
 FOUR K OF SEMINOLE, INC.



Principal Place of Business 10603 LAKE VISTA DR. SEMINOLE, FL 33772	Mailing Address 10603 LAKE VISTA DR. SEMINOLE, FL 33772
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DO NOT WRITE IN THIS SPACE



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3560970	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EKKELA, BRENDA J
 10603 LAKE VISTA DR.
 SEMINOLE, FL 33772

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EKKELA, BRENDA J 10603 LAKE VISTA DR. SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EKKELA, WAYNE G 10603 LAKE VISTA DR. SEMINOLE, FL 33772
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 04/11/07-80069-019 150.00

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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: Wayne G. Ekkela **WAYNE G. EKKELA** 4-3-07 (727) 392-0205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #