2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 02, 2005 08:00 AN DOCUMENT # P9900057420 **Secretary of State** 1. Entity Name K/TEK, INC. Principal Place of Business Maling Address 1320 E 8TH AVE 1320 E 8TH AVE STE 7 TAMPA FL 33605 TAMPA FL 33605 3. Mailing Address 2. Principal Place of Business -Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-3583771 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SWIATEK, VERONICA Street Address (P.O. Box Number is Not Acceptable) 1320 8TH AVE, STE 7 TAMPA FL 33605 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 Registrated Agent symptore required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State **OFFICERS AND DIRECTORS** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Change ☐ Addition TITLE Delete SWIATEK, VERNICA NAME NAME 1320 8TH AVE, STE 7 STREET ADDRESS STREET ADDRESS **TAMPA FL 33605** C114-51-21P CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition U00000353212 NAME NAME 05/03/05-80056-021 150.00 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-SI-ZIP THLE Delete TITLE ☐ Changè ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Change Addition DITTE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST.ZIP III E Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STRUET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change Additio-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-51 AP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes 1 further certify that the information indicated on this report of 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 changed, or on an attachment with an address, with a proposer of the corporation of the corpora

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