

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90025 008 ***150.00

DOCUMENT # P99000075566

1. Entity Name

E-KAF INDUSTRIOUS, INC.



Principal Place of Business

3601 CROW CT.
JACKSONVILLE FL 32259

Mailing Address

3601 CROW CT.
JACKSONVILLE FL 32259

J4UJ0143

2. Principal Place of Business

205 SEVEN DOORS LANE

3. Mailing Address

205 SEVEN DOORS LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State
ST AUGUSTINE FL

City & State
ST AUGUSTINE FL

4. FEI Number
59-3594948

Applied For
Not Applicable

Zip
32095

Country
USA

Zip
32095

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAKE, RONALD
3601 CROW CT.
JACKSONVILLE FL 32259

Name

Street Address (P.O. Box Number is Not Acceptable)
205 SEVEN DOORS LANE

City
ST AUGUSTINE

FL

Zip Code
32095

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

Ronald W. Fake

RONALD W. FAKE

3/3/2004

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
FAKE, RONALD
3601 CROW CT.
JACKSONVILLE FL 32259 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
205 SEVEN DOORS LANE
ST AUGUSTINE FL 32095 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT
FAKE, LINDA
3601 CROW CT.
JACKSONVILLE FL 32259 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
205 SEVEN DOORS LANE
ST AUGUSTINE FL 32095 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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:

Ronald W. Fake

RONALD W. FAKE

3/3/2004

(904)824-1799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #