


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90077 021 ***150.00

DOCUMENT # S07983 1. Entity Name I.N.K.E.E., INC.	
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Principal Place of Business 3518 S. DIXIE HWY. WEST PALM BEACH, FL 33405	Mailing Address 861-C N. MILITARY TRAIL W. PALM BEACH, FL 33415
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50027980

2. Principal Place of Business <i>2550 SE WILLOW AVE</i> Suite, Apt. #, etc.	3. Mailing Address <i>861 C. NORTH MILITARY TR.</i> Suite, Apt. #, etc.
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03042005 Chg-P CR2E034 (10/03)

City & State <i>STUART - FLORIDA</i>	City & State <i>WEST PALM BEACH FL</i>	4. FEI Number <i>65-0228523</i>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>34994</i>	Country <i>PALM BEACH</i>	Zip <i>33415</i>	Country <i>PALM BEACH</i>

6. Name and Address of Current Registered Agent KARACHALIAS, IOANNIS 861-C N. MILITARY TRAIL WEST PALM BEACH, FL 33415	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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	P KARACHALIAS, IOANNIS 861-C N. MILITARY TRAIL WEST PALM BEACH, FL 33415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-05