

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90017 011 ***150.00

DOCUMENT # S41479 1. Entity Name P K MARKETING, INC.			
Principal Place of Business 6800 THOMASVILLE ROAD STE 2-B-1 TALLAHASSEE, FL 32312		Mailing Address 6800 THOMASVILLE ROAD STE 2-B-1 TALLAHASSEE, FL 32312	
2. Principal Place of Business 8511 Bull Headly Rd Suite, Apt. #, etc. Ste 301 City & State Tallahassee, FL Zip 32312 Country Leon		3. Mailing Address 6753 Thomasville Rd #114 Suite, Apt. #, etc. PMB #114 City & State Tallahassee, FL Zip 32312 Country Leon	
4. FEI Number 59-3063372		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MADIGAN, TERRELL C MCFARLAIN, WILEY, CASSEDY & JONES, P.A. 215 S. MONROE ST., STE 600 TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: _____ <small>Signature, typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when re-stating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP KANLINE, KENNETH EARL 7601 PRESERVATION ROAD TALLAHASSEE, FL 32312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS KANLINE, PATTI JOAN 7601 PRESERVATION ROAD TALLAHASSEE, FL 32312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KANLINE, PATTI JOAN 7601 PRESERVATION ROAD TALLAHASSEE, FL 32312	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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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: <u><i>Ken J. Kanline</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/4/05 850-894-9330 <small>Date Daytime Phone #</small>	