2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2005 8:00 am
Secretary of State
03-30-2005 90048 028 ***158.75

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1st MOORE CR2E034 (10/04)

DOCUMENT # V15163

1. Entity Name
RLK CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
6421 HAYES STREET HOLLYWOOD FL 33024	6421 HAYES STREET HOLLYWOOD FL 33024
2. Principal Place of Business: 28860 Loblolly Bay Rd SW	3. Mailing Address: 28860 Loblolly Bay Rd. SW
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: La Belle, FL.	City & State: La Belle, FL.
Zip: 33936 Country: USA	Zip: 33935 Country: USA

4. FEI Number 65-0316887 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	P KOSTOFF, RONALD L. II 6421 HAYES STREET HOLLYWOOD FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Kostoff, Ronald L. II 28860 Loblolly Bay Rd SW La Belle, FL. 33935	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KOSTOFF, LAURA 6421 HAYES ST. HOLLYWOOD FL 33024	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Kostoff, Laura 28860 Loblolly Bay Rd. SW. La Belle, FL. 33935	☑ 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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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	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: Laura Kostoff Laura Kostoff 2/22/05 (863) 675-1987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #