

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # V43476

1. Entity Name
DKE FINANCIAL SERVICES, INC.



Principal Place of Business

**101 WEST VENICE AVE
SUITE 10
VENICE, FL 34285**

Mailing Address

**101 WEST VENICE AVE
SUITE 10
VENICE, FL 34285**

DO NOT WRITE IN THIS SPACE



02052008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0341604

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARTLEY, MICHAEL T
101 W VENICE AVE #10
VENICE, FL 34285**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000823707
02/20/08-80048-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HARTLEY, MICHAEL T
STREET ADDRESS	147 TAMPA AVE E UNIT 901
CITY - ST - ZIP	VENICE, FL
TITLE	D
NAME	TRAMMELL, THOMAS B
STREET ADDRESS	418 GULF STREET
CITY - ST - ZIP	VENICE, FL
TITLE	D
NAME	GETTE, MICKI R
STREET ADDRESS	520 VALENCIA ROAD
CITY - ST - ZIP	VENICE, FL
TITLE	D
NAME	TRAMMELL, N JEAN
STREET ADDRESS	418 GULF STREET
CITY - ST - ZIP	VENICE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 life empowered.

SIGNATURE:

Micki R. Gette, Esq. **Micki R. Gette, Esq.** 02/5/08 941-809-3704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #