2009 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # V67145

1. Entity Name
M.L.K. ENTERPRISES, INC.

FILED
09 JUN -3 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
U.S. PAK-N-SHIP 3781M SO NOVA ROAD PORT ORANGE FL 32119 US	U.S. PAK-N-SHIP 3781M SO NOVA ROAD PORT ORANGE FL 32119 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.: US. PAK-N-SHIP 3863 B SO. NOVA ROAD PORT ORANGE, FL 32127 (386) 761-3040	US. PAK-N-SHIP Suite, Apt. #, etc.: 3863 B SO. NOVA ROAD City & State: PORT ORANGE, FL 32127 (386) 761-3040
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/06)

4. FEI Number 59-3141889 ☐ Applied For ☐ Not Applicable

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
FRANKOVICH, RONALD F U.S. PAK-N-SHIP 3781M SO NOVA ROAD PORT ORANGE FL 32129	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, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

No changes

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 FRANKOVICH, RONALD F U.S. PAK-N-SHIP, 3781M S. NOVA ROAD PORT ORANGE FL 32129 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000156723630 06/03/09--01018--014 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

SIGNATURE: Ronald F Frankovich RONALD F FRANKOVICH 4/28/09 386 761-3040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #