

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000013894

1. Entity Name
K2 REALTY, INC.



Principal Place of Business

HARBOUR FINANCIAL CENTER
2401 PGA BOULEVARD, SUITE 186
PALM BEACH GARDENS, FL 33410 US

Mailing Address

HARBOUR FINANCIAL CENTER
2401 PGA BOULEVARD, SUITE 186
PALM BEACH GARDENS, FL 33410 US

FILED
Jan 09, 2008 08:00 AM
Secretary of State



01042008 No Chg-P CR2E034 (11/05)

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4. FEI Number
20-0614550

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KENNY, JAMES M
2401 PGA BLVD, STE 186
PALM BEACH GARDENS, FL 33410

**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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
GAZLAY, MICHAEL
2401 PGA BLVD, SUITE 186
PALM BEACH GARDENS, FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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000000777048
01/09/08-80048-021 150.00

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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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael Gazlay Michael Gazlay 1-4-08 561-691-1223