

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000107806	
1. Entity Name K2 CONCEPTS INC.	

Principal Place of Business 505 BEACHLAND BLVD STE 1-218 VERO BEACH, FL 32963	Mailing Address 505 BEACHLAND BLVD STE 1-218 VERO BEACH, FL 32963
---	---

DO NOT WRITE IN THIS SPACE



01312005 No Chg P CR2E034 (10/03)

4. FEI Number 65-0896186	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KELLEY, DENNIS D 505 BEACHLAND BLVD STE 1-218 VERO BEACH, FL 32963	
---	--

**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 resigning) DATE _____

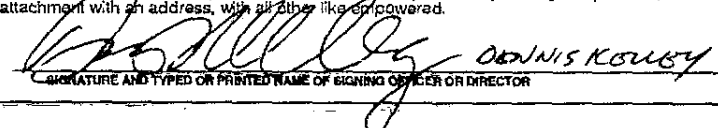
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KELLEY, LISA U 505 BEACHLAND BLVD STE 1-218 VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KELLEY, DENNIS D 505 BEACHLAND BLVD STE 1-218 VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000306168
04/15/05-80003-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **DENNIS Kouby** 4/12/05 772-234-7422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #