## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P01000033002

1. Entity Name CFK ADVERTISING, INC.



Principal Place of Business

7421 ULMERTON ROAD LARGO, FL 33771 Mailing Address

7421 ULMERTON ROAD LARGO, FL 33771

## FILED Apr 05, 2004 08:00 AM Secretary of State



04022004

No Cha-P

CR2E034 (10/03)

4. FEI Number 59-3715323

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLA INC 390 NORTH ORANGE AVENUE SUITE 1100 ORLANDO, FL 32801

## DO NOT WRITE IN THIS SPACE

|   | amed entity submits this statement for the puns of registered agent. | urpose of changing its registered                    | d office or re | egistered agent, or bo         | th, in the State of Florida. I am familiar with, and accept |
|---|--|--|----------------|--------------------------------|---|
| SIGNATURE Signature, typed or printed name of registered agent and lifte if applicable (NOTE, Registered Agent signature requised when reinstating)  DATE |  |  |                |                                |   |
|   | NOW!!! FEE IS \$150.00<br>y 1, 2004 Fee will be \$550.00             | Election Campaign Financ<br>Trust Fund Contribution. | ing 🖂          | \$5.00 May Be<br>Added to Fees |   |
| 10.   | OFFICERS AND DIRECT  | TORS   | ,              |                                |   |
| NAME<br>STREET ADDRESS  | D<br>KER, CRAWFORD<br>214 HARBORVIEW LANE<br>LARGO, FL 33770         |  |                |                                | U00000102638<br>04/05/04-80026-015 150.00                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CRY-ST-ZIP   |  |  |                |                                |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  |                | DO                             | NOT WRITE   |
| TYTLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |                | IN .                           | THIS SPACE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |                |                                |   |
| TITLE<br>MANYE<br>STREET ADDRESS  |  |  |                |                                |   |

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:

SIGNATURE THE FFED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/3/104

727-535-2939