

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S69211

FILED  
Feb 21, 2005  
Secretary of State

Entity Name: CKC ENTERPRISES, INC.

## Current Principal Place of Business:

3180 S HWY 441  
FRUITLAND PARK, FL 34731 US

## New Principal Place of Business:

623 OAK TERRACE  
LEESBURG, FL 34748 US

## Current Mailing Address:

623 OAK TERRACE  
LEESBURG, FL 34748

## New Mailing Address:

FEI Number: 59-3084385      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MALONE, KAREN  
623 OAK TERRACE  
LEESBURG, FL 34748 US

## Name and Address of New Registered Agent:

MALONE, KAREN A  
623 OAK TERRACE  
LEESBURG, FL 34748 US

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.

SIGNATURE: KAREN A. MALONE

02/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: VEJRASKA, KEN A  
Address: 360 TURKEY CREEK  
City-St-Zip: ALACHUA, FL 32615

Title: VP ( ) Delete  
Name: MALONE, BYRON L  
Address: 634 OAK TERRACE  
City-St-Zip: LEESBURG, FL 34748

Title: S ( ) Delete  
Name: VEJRASKA, MARI J  
Address: 360 TURKEY CREEK  
City-St-Zip: ALACHUA, FL 32615

Title: T ( ) Delete  
Name: MALONE, KAREN A  
Address: 623 OAK TERRACE  
City-St-Zip: LEESBURG, FL 34748

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN A. MALONE

T

02/21/2005

Electronic Signature of Signing Officer or Director

Date