

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000080099

**Entity Name:** CMK R. S. S., INC.**Current Principal Place of Business:**6409 CARL SHEPARD DR.  
RUSKIN, FL 33570**Current Mailing Address:**6409 CARL SHEPARD DR.  
RUSKIN, FL 33570 US**FEI Number: 81-3794418****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KEELER, MICHAEL J  
6409 CARL SHEPARD DR.  
RUSKIN, FL 33570 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title            PRESIDENT  
Name            KEELER, MICHAEL JOHN  
Address        6409 CARL SHEPARD DR.  
City-State-Zip: RUSKIN FL 33570

Title            VP  
Name            KEELER, CYNTHIA LEE  
Address        6409 CARL SHEPARD DR.  
City-State-Zip: RUSKIN FL 33570

Title            DIRECTOR OF MARKETING  
Name            KEELER, ALISON RENE  
Address        937 WINDSOR ST  
                  APT 101  
City-State-Zip: CINCINNATI OH 45206

Title            DIRECTOR OF HEALTH AND  
                  WELLNESS  
Name            LETSCH, WILLEM JOSEPH  
Address        320 E. MAXWELL ST  
City-State-Zip: LEXINGTON KY 40508

Title            DIRECTOR OF HUMAN RESOURCES  
Name            LETSCH, LINDA LEE  
Address        10862 HEATHER RIDGE CIRCLE  
                  APT 106  
City-State-Zip: ORLANDO FL 32817

*I hereby 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 all other like empowered.*

**SIGNATURE: MICHAEL KEELER****PRESIDENT****05/01/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date