


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90579 032 ***150.00

DOCUMENT # 510220 1. Entity Name C. K. OF SEMINOLE, INC.	
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Principal Place of Business 4750 AUGUSTA AVE OLDSMAR, FL 34677 US	Mailing Address 4750 AUGUSTA AVE OLDSMAR, FL 34677 US
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20037019

DO NOT WRITE IN THIS SPACE



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1688561	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DILLON DENNIS 4750 AUGUSTA AVE OLDSMAR, FL 34677

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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DILLON, DENNIS 4750 AUGUSTA AVE OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DILLON, DENNIS 4750 AUGUSTA AVE OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DILLON, STARR 4750 AUGUSTA AVE OLDSMAR, FL 34677
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 Dillon* **DENNIS DILLON** 4-13-05 727-786-5186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #