

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F57330

FILED  
Feb 11, 2004  
Secretary of State

Entity Name: CKM CORPORATION OF ORLANDO

## Current Principal Place of Business:

315 E. ROBINSON STREET  
SUITE 600  
ORLANDO, FL 32801 US

## New Principal Place of Business:

1000 LEGION PLACE, SUITE 1700  
ORLANDO, FL 32801 US

## Current Mailing Address:

P.O. BOX 3000  
ORLANDO, FL 328023000 US

## New Mailing Address:

C/O W. CHARLES SHUFFIELD  
1000 LEGION PLACE, SUITE 1700  
ORLANDO, FL 32801 US

FEI Number: 59-2146876

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHUFFIELD, W. CHARLES  
2307 LAKESIDE DRIVE  
ORLANDO, FL 32803 US

## Name and Address of New Registered Agent:

SHUFFIELD, W. CHARLES  
1000 LEGION PLACE, SUITE 1700  
ORLANDO, FL 32801 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:

02/11/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SHUFFIELD, KAREN,  
Address: 2307 LAKESIDE DRIVE  
City-St-Zip: ORLANDO, FL 32803

Title: SD ( ) Delete  
Name: SHUFFIELD, W. CHARLES  
Address: 2307 LAKESIDE DRIVE  
City-St-Zip: ORLANDO, FL 32803

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: W. CHARLES SHUFFIELD

SD

02/11/2004

Electronic Signature of Signing Officer or Director

Date