

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000005658

1. Entity Name
CTK INSURANCE SERVICES, INC.



Principal Place of Business

**1240 N LAKEVIEW AVE
SUITE 240
ANAHEIM, CA 92807 US**

Mailing Address

**P.O. BOX 17669
ANAHEIM, CA 92817 US**

DO NOT WRITE IN THIS SPACE



03182006 No Chg-P CR2E034 (11/05)

4. FEI Number
33-0065867

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**REED, MARIA C
144 WOODRIDGE TRAIL
SANFORD, FL 32771**

**DO NOT WRITE
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
KELLY, CHARLES T
20435 VIA CADIZ
YORBA LINDA, CA 92886**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
KELLY, CAROL A
20435 VIA CADIZ
YORBA LINDA, CA 92886**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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04/12/06-80021-016 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Charles T Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-06 325-677-8000
Date Daytime Phone #