

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K51288

Entity Name: C.K.B. ENTERPRISES, INC.

FILED
Sep 06, 2005
Secretary of State

Current Principal Place of Business:

C/O JACK O. HACKETT II
POST OFFICE DRAWER 511447
PUNTA GORDA, FL 339511447

Current Mailing Address:

C/O JACK O. HACKETT II
POST OFFICE DRAWER 511447
PUNTA GORDA, FL 339511447

New Principal Place of Business:

C/O JACK O. HACKETT II
99 NESBIT STREET
PUNTA GORDA, FL 33950

New Mailing Address:

C/O JACK O. HACKETT II
99 NESBIT STREET
PUNTA GORDA, FL 33950

FEI Number: 65-0130573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HACKETT, JACK O II
99 NESBIT STREET
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: WOMBLE, D. B.,
Address: 2922 SE 28 ST
City-St-Zip: OKEECHOBEE, FL 34974

Title: DVP () Delete
Name: CARO, EDWARD,
Address: 1162 WILLET DR.
City-St-Zip: ROCK HILL, SC 29732

Title: DPT () Delete
Name: KINGMAN, THOMAS,
Address: 60 RED BROOK HARBOR ROAD
City-St-Zip: POCASSET, MA 025590942

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:

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: THOMAS KINGMAN

DPT

09/06/2005

Electronic Signature of Signing Officer or Director

Date