


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # L41750 1. Entity Name C2K, INC.			
Principal Place of Business % KARL R. WEISS 209 W GREEN ST PERRY, FL 32347		Mailing Address PO BOX 912 209 W GREEN ST PERRY, FL 32348 US	
DO NOT WRITE IN THIS SPACE			
		04172006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2991259	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WEISS, KARL R. 209 W GREEN ST PERRY, FL 32347		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000517638 05/01/06-80052-017 150.00	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D WEISS, KARL R. 8950 WINGED FOOT DR TALLAHASSEE, FL 32312		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D WEISS, CHERYL R. 8950 WINGED FOOT DR TALLAHASSEE, FL 32312		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D WEISS, COURTNEY L 8950 WINGED FOOT DR TALLAHASSEE, FL 32312		
TITLE NAME STREET ADDRESS CITY-ST- ZIP			
TITLE NAME STREET ADDRESS CITY-ST- ZIP			
TITLE NAME STREET ADDRESS CITY-ST- ZIP			
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-17-06 850 584-5644 <small>Date Daytime Phone #</small>	