


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 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
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03202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2991259	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 WEISS, KARL R. 209 W GREEN ST PERRY, FL 32347	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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-STATE-ZIP	D WEISS, KARL R. 8950 WINGED FOOT DR TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D WEISS, CHERYL R. 8950 WINGED FOOT DR TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D WEISS, COURTNEY L 8950 WINGED FOOT DR TALLAHASSEE, FL 32312
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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04/06/07-80002-023 150.00

DO NOT WRITE 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: Cheryl R. Weiss Cheryl R. Weiss 3-29-07 850 584-5624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #