

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L85371

FILED
Jan 21, 2004
Secretary of State

Entity Name: CKC CONSULTANTS, INC.

Current Principal Place of Business:

C/O LARRY CROWELL
1501 SEASONS PT CT
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

C/O LARRY CROWELL
1501 SEASONS PT CT
APOPKA, FL 32712

New Mailing Address:

FEI Number: 59-3008916 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROWELL, LARRY
1501 SEASONS PT CT
APOPKA, FL 32712

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: KELTNER, C EUGENE,
Address: 22975 SE BLACK NUGGET RD APT 448
City-St-Zip: ISSAQUAH, WA 98029

Title: VT () Delete
Name: CROWELL, LARRY,
Address: 1501 SEASONS POINT CT.
City-St-Zip: APOPKA, FL 32712

Title: V () Delete
Name: CHRISTIE, DALE,
Address: 3765 RAMBLING ROSE COURT
City-St-Zip: ORLANDO, FL

Title: VP () Delete
Name: BERRIDGE, RANDOLPH E
Address: 1420 SUZANNE WAY
City-St-Zip: LONGWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: KELTNER, C. EUGENE .
Address: 22975 SE BLACK NUGGET RD APT 448
City-St-Zip: ISSAQUAH, WA 98029

Title: VT (X) Change () Addition
Name: CROWELL, LARRY
Address: 1501 SEASONS POINT CT.
City-St-Zip: APOPKA, FL 32712

Title: VP (X) Change () Addition
Name: CHRISTIE, DALE
Address: 3765 RAMBLING ROSE COURT
City-St-Zip: ORLANDO, FL

Title: VP (X) Change () Addition
Name: BERRIDGE, RANDOLPH E
Address: 1420 SUZANNE WAY
City-St-Zip: LONGWOOD, FL

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: DALE CHRISTIE

VP

01/21/2004

Electronic Signature of Signing Officer or Director

_____ Date