

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L85371

FILED  
Jan 11, 2010  
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 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CROWELL, LARRY E  
Address: 1501 SEASONS POINT CT  
City-St-Zip: APOPKA, FL 32712

Title: VP  
Name: CROWELL, LORRAINE H  
Address: 1501 SEASONS POINT CT.  
City-St-Zip: APOPKA, FL 32712

I hereby 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 all other like empowered.

SIGNATURE: LARRY E CROWELL

PRES

01/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date