


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

05-13-2005 90222 011 \*\*\*150.00

DOCUMENT # P0000046414					
1. Entity Name C-K ENTERPRISE & PAVERS, INC.					
Principal Place of Business 1862 NW 21 ST POMPANO BEACH, FL 33069			Mailing Address 1862 NW 21 ST POMPANO BEACH, FL 33069		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. <i>SAME</i>		Suite, Apt. #, etc. <i>SAME</i>			
City & State <i>SAME</i>		City & State <i>SAME</i>			
Zip	Country <i>USA</i>	Zip	Country <i>USA</i>		
6. Name and Address of Current Registered Agent <b>DUKER &amp; DUKER</b> 2832 UNIVERSITY DR. POMPANO BEACH, FL 33065			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		Zip Code
FL			FL		
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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEE, J.W.		NAME	(Deceased)	
STREET ADDRESS	1862 NW 21 ST		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33069		CITY-ST-ZIP		
TITLE	STDK	<input type="checkbox"/> Delete	TITLE	P. S. T. DR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEE, FLORENCE V		NAME	KLEE FLORENCE	
STREET ADDRESS	1862 NW 21 ST		STREET ADDRESS	1862 NW 21 STREET	
CITY-ST-ZIP	POMPANO BEACH, FL 33069		CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Florence Klee</i>		FLORENCE KLEE		4/29/05 (954)917-8556	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

**50052190**



01102005 Chg-P CR2E034 (10/03)

4. FEI Number **65-0711892** Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required