


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000053721					
1. Entity Name CKT, INC.					
Principal Place of Business 1010 NW 108 AVE PLANTATION FL 33322			Mailing Address 1010 NW 108 AVE PLANTATION FL 33322		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. # etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1016034	
				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			7. Name and Address of New Registered Agent		
WEISS, KENNETH S 1010 NW 108 AVE PLANTATION FL 33322			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			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	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEISS, KENNETH S		NAME		
STREET ADDRESS	1010 NW 108 AVE		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33322		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEISS, CAROLE		NAME		
STREET ADDRESS	1010 NW 108TH AVE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33322		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		
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CITY-ST-ZIP			CITY-ST-ZIP		



MOORE CR2E034 (11/03)

4. FEI Number **65-1016034**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEISS, KENNETH S
1010 NW 108 AVE
PLANTATION FL 33322**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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(NOTE: Registered Agent signature required when reinstating)

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After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP

D ☐ Delete

**WEISS, KENNETH S
1010 NW 108 AVE
PLANTATION FL 33322**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

**U00000060088
02/23/04-80026-005 150.00**

TITLE
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CITY-ST-ZIP

S ☐ Delete

**WEISS, CAROLE
1010 NW 108TH AVE
FORT LAUDERDALE FL 33322**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #