

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90009 017 ***550.00

DOCUMENT # P00449

1. Entity Name
CCK SOUTH., INC.



Principal Place of Business
24500 WOOD COURT
MACOMB TOWNSHIP, MI 48042

Mailing Address
24500 WOOD COURT
MACOMB TOWNSHIP, MI 48042

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08252004

Chg-P

CR2E034 (10/03)

4. FEI Number

38-2492412

Applied For

Not Applicable

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

TITLE P ☐ Delete
NAME COLASANTI, CHRISTOPHER J.
STREET ADDRESS 24500 WOOD COURT
CITY-ST-ZIP MACOMB TOWNSHIP, MI 48042

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME COLASANTI, CAREY
STREET ADDRESS 24500 WOOD COURT
CITY-ST-ZIP MACOMB TOWNSHIP, MI 48042

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME COLASANTI, KEITH
STREET ADDRESS 24500 WOOD COURT
CITY-ST-ZIP MACOMB TOWNSHIP, MI 48042

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Delete
NAME RUTHERFORD, ROBERT A.
STREET ADDRESS 24500 WOOD COURT
CITY-ST-ZIP MACOMB TOWNSHIP, MI 48042

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME KOSNIK, DONALD W.
STREET ADDRESS 24500 WOOD COURT
CITY-ST-ZIP MACOMB TOWNSHIP, MI 48042

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Donald W Kosnik*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-7-04 586-598-9200
Date Daytime Phone #