


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00449</b> 1. Entity Name CCK CONSTRUCTION SERVICES, INC.	
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Principal Place of Business 24500 WOOD COURT MACOMB TOWNSHIP, MI 48042	Mailing Address 24500 WOOD COURT MACOMB TOWNSHIP, MI 48042
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08022005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 38-2492412	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLASANTI, CHRISTOPHER J 24500 WOOD COURT MACOMB TOWNSHIP, MI 48042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLASANTI, CAREY 24500 WOOD COURT MACOMB TOWNSHIP, MI 48042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLASANTI, KEITH 24500 WOOD COURT MACOMB TOWNSHIP, MI 48042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KOSNIK, DONALD W 24500 WOOD COURT MACOMB TOWNSHIP, MI 48042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #