



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90456 023 ***150.00

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|---|---|--|--|--|--|
| DOCUMENT # P01000002983 1. Entity Name CKG GROUP, INC. | | | |  | |
| Principal Place of Business 7928 STATE RD. 6 WEST JASPER, FL 32052-4301 | | | Mailing Address 7928 STATE RD. 6 WEST JASPER, FL 32052-4301 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. 7928 STATE RD 6 WEST | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State JASPER FL | | City & State | | 04222004 Chg-P CR2E034 (10/03) | |
| Zip 32052 | | Country | | 4. FEI Number 59-3690278 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent GANDHI, AJAY 7928 STATE RD #6 WEST JASPER, FL 32052 | | | 7. Name and Address of New Registered Agent 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) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00. | | 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 NAME STREET ADDRESS CITY-ST-ZIP | PTD GANDHI, AJAY 7928 STATE RD #6 WEST JASPER, FL 320524301 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | GANDHI, AJAY 7928 STATE RD #6 WEST JASPER, FL 32052 <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVD GANDHI, SULOCHNA 7928 STATE RD #6 WEST JASPER, FL 320524301 <input checked="" type="checkbox"/> Delete SAME | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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: <u><i>Ajay Gandhi</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 5-404 386-792-1255 <small>Date Daytime Phone #</small> | | |