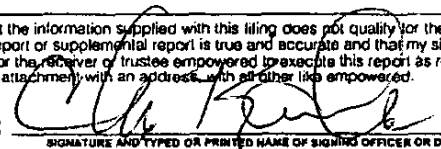


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 23, 2008 8:00 am
Secretary of State

06-02-2008 90003 033 ***150.00

DOCUMENT # P01000061155		
1. Entity Name C.D.K. PROPERTIES, INC.		
Principal Place of Business 115 NEWPORT AVE. TAMPA, FL 33606		Mailing Address 115 NEWPORT AVE. TAMPA, FL 33606
DO NOT WRITE IN THIS SPACE		
		05072008 No Chg-P CR2E034 (11/05)
4. FEI Number 59-3730515		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KAVOUKLIS, CHRIS M 115 NEWPORT AVE. TAMPA, FL 33606		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAVOUKLIS, CHRIS M 2601 JETTON AVE. TAMPA, FL 33629	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAVOUKLIS, DEBBIE J 2601 JETTON AVE. TAMPA, FL 33629	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 exemptions contained in Chapter 119, 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: 		6-18-08 (813) 254-7776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #