2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

DOCUMENT # P02000073009 FILED 1. Entity Name CK CONSTRUCTION SERVICES, INC. 04 SEP -8 PM 12: 57 Mailing Address Principal Place of Business SECRETARY OF STATE TALLAHASSEE, FLORIDA 1852 TALPECO ROAD 1852 TALPECO ROAD TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303 CR2E034 (10/03) 07092004 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 50-0004107 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KING, CINDY DO NOT WRITE 3300 VASSAR COURT TALLAHASSEE, FL 32308 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 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. TITLE KING, CHRIS 600041129466 09/17/04--01076--025 **150.00 NAME 3300 VASSAR COURT STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 TITLE HAMMONS-KING, CINDY NAME STREET ADDRESS 3300 VASSAR COURT TALLAHASSEE, FL 32308 CITY-ST-ZIP TIT1 F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #