

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90051 044 ***150.00

DOCUMENT # P02000109764

1. Entity Name
CK LAKE WORTH INVESTMENTS, INC.



Principal Place of Business
~~2756 NORTHEAST 24TH STREET~~
LIGHTHOUSE POINT, FL 33064

Mailing Address
~~2756 NORTHEAST 24TH STREET~~
LIGHTHOUSE POINT, FL 33064

2. Principal Place of Business
1950 LAKE WORTH RD
Suite, Apt. #, etc.

3. Mailing Address
1950 LAKE WORTH RD
Suite, Apt. #, etc.



01122004 Chg-P CR2E034 (10/03)

City & State
LAKE WORTH, FL

City & State
LAKE WORTH, FL

4. FEI Number ~~74-0000028~~ 74-3068628 Applied For
Not Applicable

Zip 33461 Country PALM BEACH

Zip 33461 Country PALM BEACH

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DURU, CUNEY
2756 NORTHEAST 24TH STREET
LIGHTHOUSE POINT, FL 33064

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1950 LAKE WORTH ROAD
City LAKE WORTH FL Zip Code 33461

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 *Cuneey*

(NOTE: Registered Agent signature required when reappointing)

DATE

1/14/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

☐ Election, Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DURU, CUNEY	
STREET ADDRESS	2756 NORTHEAST 24TH STREET	
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1950 LAKE WORTH ROAD	
STREET ADDRESS	LAKE WORTH, FL 33461	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Cuneey* PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/04 954-263-2392
Date Daytime Phone #