

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90030 034 ***150.00

DOCUMENT # P03000063035



1. Entity Name
CKLC ENTERPRISES INC.

Principal Place of Business Mailing Address
1329 SW MAPLEWOOD DR 1329 SW MAPLEWOOD DR
PT ST LUCIE FL 34988 PT ST LUCIE FL 34988

2. Principal Place of Business 3. Mailing Address
1329 SW Maplewood dr 1329 SW Maplewood dr
 Suite, Apt. #, etc. Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State City & State 4. FEI Number Applied For
Port St Lucie FL Port St Lucie FL 050569272 Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
34986 34986

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
PRESTON, CONNIE Name
1329 SW MAPLEWOOD DR Street Address (P.O. Box Number is Not Acceptable)
PT ST LUCIE FL 34988 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be
After May 1, 2004: Fee will be \$550.00 Trust Fund Contribution. Added to Fees
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, LARRY	NAME	martin Larry
STREET ADDRESS	1329 SW MAPLEWOOD DR	STREET ADDRESS	1329 SW maplewood dr
CITY-ST-ZIP	PT ST LUCIE FL 34988	CITY-ST-ZIP	Port St Lucie FL 34986
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Preston	NAME	Preston, Connie
STREET ADDRESS	1329 SW MAPLEWOOD DR	STREET ADDRESS	1329 SW Maplewood dr
CITY-ST-ZIP	PT ST LUCIE FL 34988	CITY-ST-ZIP	Port St Lucie FL 34986
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Larry Martin _____ Date _____ Daytime Phone # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR