2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2008 08:00 AN Secretary of State

ANNOAL REPORT					Secretary of Star			
1. Entity Nam	MENT # P030000756 CK LEASING, INC.	882			,		. y 01 2 va	
Principal Plac	e of Business	Mailing Address						
725 W DEES ROAD					8:88 1))((88)((84)() 68	HI wa ith a an a k a hil a ahib	IDALE (SELECTI IA IDDI	
				04252008	No Chg-P	CR2E034 (11	1/05)	
E	O NOT WRITE	IN THIS SPA	CE	4. FEI Number			Applied For	
				55-0844	394	\$0.7	Not Applicable 5 Additional	
ណ្ឌី (<u>រ៉ាំ</u>				5. Certificate of	of Status Desired		equired	
	6. Name and Address of Current Re	gistered Agent						
TOBIAS, BONNIE L				DO	NOT W	RITE.		
725 W DEES ROAD LAKELAND, FL 33809-6519				. A 400	HIS SI			
				,1171		AOL :		
O The obeside	e named entity submits this statement for t	no purpose of phonoing its cognitive	ad office or register	rad agent or both	in the State of FI	orida. Lam familia	r with and accept	
the obligat	named entity submits this statement for the tions of registered agent.	ne purpose of changing its register	eu unice or register	red agent, or both	i, in the state of th	Onda. Familianiia	with, and accopt	
SIGNATURE.					<u>.</u>			
	Signature, typed or printed name of registered agent and	tittle if applicable (NOTE: Registere	od Agent signature required	d when reinstating)		DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be ded to Fees	U0000 06/03/0	70948796 8-80001-0	14 150.00	
10.	OFFICERS AND D	RECTORS		1.6.5				
TITLE NAME	D TOBIAS, BONNIE L							
STREET ADDRESS	725 W DEES ROAD							
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NAME								
STREET ADORESS CITY-ST-ZIP			·		Property.		Suffer Page 15 18	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2008

843-815-5384