# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2004**
**Secretary of State**

DOCUMENT# P03000099726

**Entity Name:** CLK INSURANCE SOLUTIONS, INC.

**Current Principal Place of Business:**

P.O.BOX 10194
POMPANO BCH, FL 330616194

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 10194
POMPANO BCH, FL 330616194

**New Mailing Address:**

**FEI Number: 20-0242415** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KOSKI, CHERYL L
301 N OCEAN BLVD #602
POMPANO BCH, FL 33062 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: KOSKI, CHERYL L
Address: P.O.BOX 10194
City-St-Zip: POMPANO BCH, FL 330616194

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition
Name: KOSKI, CHERYL L
Address: P.O.BOX 10194
City-St-Zip: POMPANO BCH, FL 330616194

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL L. KOSKI PRES 04/28/2004

Electronic Signature of Signing Officer or Director Date