

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000121339

1. Entity Name
CK ENGINEERING, INC.



Principal Place of Business
**6279 AVENTURA DRIVE
SARASOTA, FL 34241 US**

Mailing Address
**6279 AVENTURA DRIVE
SARASOTA, FL 34241 US**



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0344367

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KNOTT, COLEMAN
6279 AVENTURA DRIVE
SARASOTA, FL 34241**

**DO NOT WRITE
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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000586200
01/16/07-90042-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	KNOTT, COLEMAN
STREET ADDRESS	6279 AVENTURA DRIVE
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	VPT
NAME	KNOTT, COLEMAN
STREET ADDRESS	6279 AVENTURA DRIVE
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	DV
NAME	KNOTT, MIRIAM W
STREET ADDRESS	6279 AVENTURA DRIVE
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 an officer like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/07 941-922-5073

Date

Daytime Phone #