2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 01, 2004 8:00 am Secretary of State

DOCUMENT # P03000127490						03-01-20	04 9002	7 010 ***1	50.00
1. Entity Name CKM BUILDERS,INC.									
Principal Plac	e of Business	Mailing Address							
225 N.E. MIZ	ZNER BLVD	225 N.E. MIZNER BLVD				ς,	4013	041	
SUITE 300 Boca rator	√ FI 33432	SUITE 300 Boca raton, FL 33432)			Ú	14010	011	
			<u> </u>						
19191	Place of Business USTATE Pd 7		4 Rd 1	7					
Suite, Apt. ∂C	#, 81c. 74	Suite, Apt. #, etc.			02192004	Chg-P	CR2	E034 (10/03)	
City & Stat	gate Florina	City & State	FIOLIDA	<u>.</u>	4. FEI Numb	24120	do4		oplied For ot Applicable
Zip	Country	受なって	Country	,	5. Certificate	of Status Desired		\$8.75 Add	ditional
سرر-	6. Name and Address of Current F	legistered Agent		,	7. Name and	Address of Nev	Registere	<u>-</u>	
WALLDEAN		OTRUGTION CO	Name				-	_	
K&M REALTY INVESTMENTS AND CONSTRUCTION,CO 225 NE MIZNER BLVD					P.O. Box Numb	er is Not Accepta	ble)		
BOCA RA	TON, FL, FL 33432								
			City				F	Zip Cod	е
	named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office or	r register	ed agent, or bo	th, in the State of	Florida. I ar	n familiar with,	and accept
a le obligat	ons or registered agent.	•							
SIGNATURE_	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTS: f	Registered Agent signate	ure required	when reinstating)		DATE		
=	 	9. Election Campaign	n Financing	\$5	OO May Be				
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaig Trust Fund Contrib			00 May Be ed to Fees				
		Trust Fund Contrib			ed to Fees	CHANGES TO O	FFICERS AN	ND DIRECTOR	S !N 11
After Ma	officers and c	Trust Fund Contrib	11.	Add	ADDITIONS			ND DIRECTOR	S IN 11
After Ma 10. TITLE NAME	officers and continued by the property of the	Trust Fund Contrib	11. TITLE :	P	ADDITIONS	ullam K	- •	Change	Addition
After Ma	officers and c	Trust Fund Contrib	11.	P	ADDITIONS	ulliam k	 7 SL	Change	Addition
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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 trusted empewered 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 any address, with all other this empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

MHHUM-K-TILLMUM-