## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 07, 2004 8:00 am Secretary of State 04-07-2004 90016 038 \*\*\*150.00

DOCUMENT # P03000136656  1. Enlity Name J.C.K., INC.									04-07-2004				
Principal Place of Business 2459 SHOREWOOD LANE LAND O'LAKES, FL 34639				Mailing Address 2459 SHOREWOOD LANE LAND O'LAKES, FL 34639				94046213					
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01092004	Chg-P	CR2E0	34 (10/03)		
City & State				City & State				4. FEI Numb	-1078725	•	<b>├</b> ───-	pplied For at Applicable	
Zip	Country			Zip Count				<u>                                     </u>	of Status Desired	i	\$8.75 Add Fee Required		
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name							
KOYS, JAMES 2459 SHOREWOOD LANE LAND O'LAKES, FL 34639							Street Address (P.O. Box Number is Not Acceptable)						
LAND CLARES, FL 34039													
						City		·		FL	Zip Code	e	
			ment for the	ed office o	r register	ed agent, or bo	oth, in the State of Flo	rida. Iam t	familiar with,	and accept			
SIGNATURE	the obligations of registered agent.  SIGNATURE Signature, types or printed name of registered agent and title if applicable. (NOTÉ: Registered Agent signature required when reinstating)  DATE												
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees													
10.		OFFICE	RS AND DIRE	CTORS	11.	,		ADDITIONS	 /CHANGES TO OFF	ICERS AND	DIRECTOR:	S iN 11	
TITLE	D KOVS I	MACO		☐ Delete	LE	VNY:	S. JAMES			☐ Change	Addition		
NAME STREET ADDRESS CHY-ST-ZIP						ME MEET ADDRESS Y-ST-ZIP	2459 LWC	9 SHOKEW O'LAKES	00D LAWE FL 34639	<b>,</b>			
TITLE NAME STREET ADDRESS	1	CHRISTINE	-	☐ Delete	LE ME	T Koys	JAMES	· · · · · · · · · · · · · · · · · · ·		Change	Addition		
CITY-ST-ZIP	2459 SHOREWOOD LANE LAND O'LAKES, FL 34639					EET ADDRESS Y-ST-ZIP	2457 LANI	SHOREW O'LAKE	OOD LANE 5 FL 3463	<u> </u>			
TITLE NAME	Delete TILLE						VP	- AHOICT		_	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	STRE					EET ADDRESS Y-ST-ZIP	ZANG ZANG	CHRIST SHOREW O'LAKE	MAN LANE	39			
TITLE NAME				☐ Delete	, TITLI NAM		Say	C A HRIST	TINE LANE	•	Change	Addition	
STREET AUDRESS CITY-ST-ZIP					STRE	EET ADDRESS Y-ST-ZIP	2459 LAN	SHORE	NOOD LANE ES FL 346	39			
TITLE				☐ Delete	TITL						☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP						ME LEET ADORESS Y-ST-ZIP							
TITLE				☐ Delete	TITLE		1	The same of the sa			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP						ME EET ADDRESS Y-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 eath; 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 to													
SIGNATURE: James M. Kon 4/6/04 813-453-7701													
		SIGNIFITURE AND TY	/PED OR PRINTE	) NAME OF SIGNING OFFICE	R OR DIREC	TOR		/ /	Date	D	Daytime Phone #		