## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 21, 2005 08:00 AM Secretary of State DOCUMENT # P03000136656 1. Entity Name J.C.K., INC. Principal Place of Business Mailing Address 2459 SHOREWOOD LANE 2459 SHOREWOOD LANE LAND O'LAKES, FL 34639 LAND O'LAKES, FL 34639 01142005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 33-1078725 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KOYS, JAMES DO NOT WRITE 2459 SHOREWOOD LANE LAND O'LAKES, FL 34639 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 reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS U00000187818 01/24/05-80031-015 150.00 TITLE NAME KOYS, JAMES STREET ADDRESS 2459 SHOREWOOD LANE CITY-ST-ZIP LAND O'LAKES, FL 34639 KOYS, CHRISTINE NAME STREET ADDRESS 2459 SHOREWOOD LANE CITY-ST-ZIP LAND O'LAKES, FL 34639 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby 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 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:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

JAMES M Koys

1/15/05 813-453-7701

**FILED**