


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000148108		
1. Entity Name CK ALUMINUM DESIGNS, INC.		

Principal Place of Business P.O. BOX 9898 PENSACOLA, FL 32513 US	Mailing Address P.O. BOX 9898 PENSACOLA, FL 32513 US
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03302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1200525	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KENDRICK, CHRISTOPHER N
327 EDGEWATER
PENSACOLA, FL 32501

**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

Christopher Neal Kendrick
(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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KENDRICK, CHRISTOPHER N
STREET ADDRESS	P O BOX 9898R
CITY-ST-ZIP	PENSACOLA, FL 32513
TITLE	VPS
NAME	CAYWOOD, KENNETH
STREET ADDRESS	4517 GAINER AVE
CITY-ST-ZIP	MILTON, FL 32583
TITLE	F
NAME	KENDRICK, LARRY
STREET ADDRESS	P.O. BOX 9898
CITY-ST-ZIP	PENSACOLA, FL 32513
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/17/06-80027-009 150.00

**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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher Neal Kendrick
Date 850-4984-733-
Daytime Phone