2006 FOR PROFIT CORPORATION

FILED Mar 20, 2006 08:00 AM

ANNUAL REPURI					S4	
DOCUMENT # P04000056963			Secretary of State			
	CK MAINTENANCE, INC.					
Principal Plac	ce of Business	Malling Address]		
73 SPURLOG FROSTPROG	CK ROAD DF, FL 33843	73 SPURLOCK ROAD FROSTPROOF, FL 33843				
				02232006		2E034 (11/05)
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb		Applied For Not Applicable
				}	e of Status Desired	\$8.75 Additional Fee Required
	8. Name and Address of Current Reg	sistered Agent	[<u> </u>		
SPURLOCK, JILL K 73 SPURLOCK ROAD FROSTPROOF, FL 33843			**************************************		NOT WRIT	
	·			111	I MIS SPAC	· c
	named entity submits this statement for the tions of registered agent.	a purpose of changing its register	ed office or register	ed agent, or bo	oth, in the State of Florida 1	am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and to	ble if applicable. [NOTE: Registere	d Agent signative required	gmaterier nerw	DA)	TE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.				00 May 8e ed to Fees		
10.	OFFICERS AND DIR	ECTORS				
TITLE	D		1			
NAME CIPCET + DOCK CO	SPURLOCK, RICHARD I		i .			
STREET ADDRESS CITY-ST-20P	73 SPURLOCK ROAD FROSTPROOF, FL 33843		ł		U000004743	76
TITLE	D		1		U000004743 04/04/06-8002	11-012 150.00
NAME	SPURLOCK, JILL K		1			
STREET ADDRESS	73 SPURLOCK ROAD	•				
CITY-ST-ZIP	FROSTPROOF, FL 33843	<u></u>	<u> </u>			
TITLE					-	•
NAME STREET ADDRESS			. ·			
CITY-ST-ZIP			ł	DO	NOT WRIT	ΓE
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STREET ADDRESS			Ì			
C11Y-S1-Z1P			}			
TITLE			§ .			
NAME CERTAL ADDRESS			•			
STREET ADDRESS CITY-ST-ZIP			1			
TITCE			1			

12. It hereby certify that the information supplied with this filling 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 it made under oath; that 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 it changed, or on an attachment, with an address, with all either like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP