

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P05000019077**

1. Entity Name  
CK REAL ESTATE SELECT, INC.



Principal Place of Business	Mailing Address
1254 PINEY ROAD NORTH FORT MYERS, FL 33903 US	1254 PINEY ROAD NORTH FORT MYERS, FL 33903 US



05022007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 51-0534551	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

KLINGENSMITH, CHRISTAL I  
1254 PINEY ROAD  
N. FT. MYERS, FL 33903

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLINGENSMITH, CHRISTAL I 1254 PINEY ROAD NORTH FORT MYERS, FL 33903
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KLINGENSMITH, JEFFREY L 1254 PINEY ROAD NORTH FORT MYERS, FL 33903
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/25/07-80021-006 150.00

**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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Christal I. Klingensmith*

5-1-07 239-410-0055