

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000107436	
1. Entity Name CK'S INSTALLATIONS, INC.	
Principal Place of Business 6565 TIDAL BAY DRIVE, MILTON, FL 32583	Mailing Address 6565 TIDAL BAY DRIVE MILTON, FL 32583



04212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3249992	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CASTLEBERRY, DONNIE 6565 TIDAL BAY DRIVE MILTON, FL 32583	DO NOT WRITE IN THIS SPACE
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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 \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

05/16/08-80020-016 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTLEBERRY, BOBBY 6565 TIDAL BAY DRIVE MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KONZ, JEFFREY 6565 TIDAL BAY DRIVE MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASTLEBERRY, DONNIE 6565 TIDAL BAY DRIVE MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASTLEBERRY, DONNIE 6565 TIDAL BAY DRIVE MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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

Donnie Castleberry
Donnie Castleberry

Date

Daytime Phone #

850-983-2019