

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90018 048 ***150.00

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1. Filing History
 CNK SALES INC.



2. Principal Place of Business - No P.O. Box #
 727 CROWS BLUFF LANE
 SANFORD, FL 32773

Mailing Address
 727 CROWS BLUFF LANE
 SANFORD, FL 32773

40040011



03082007 Chg-P CR2E034 (12/06)

3. Mailing Address

4. FFI Number

56-2599730

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOVACS, CHARLES
 727 CROWS BLUFF LANE
 SANFORD, FL 32773

7. Name and Address of New Registered Agent

I, the undersigned, hereby submit this statement for the purpose of changing the residence of my registered agent or filing in the State of Florida. I am familiar with, and accept the obligations of my agent named.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

8. Election Campaign Information
 Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	DELETE <input type="checkbox"/>	NAME	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
NAME: KOVACS, KAREN ADDRESS: 727 CROWS BLUFF LANE CITY, ST, ZIP: SANFORD, FL 32773	<input type="checkbox"/>	NAME: [Blank] ADDRESS: [Blank] CITY, ST, ZIP: [Blank]	<input type="checkbox"/>
NAME: KOVACS, CHARLES ADDRESS: 727 CROWS BLUFF LANE CITY, ST, ZIP: SANFORD, FL 32773	<input type="checkbox"/>	NAME: [Blank] ADDRESS: [Blank] CITY, ST, ZIP: [Blank]	<input type="checkbox"/>
NAME: KOVACS, CHRISTIAN ADDRESS: 727 CROWS BLUFF LANE CITY, ST, ZIP: SANFORD, FL 32773	<input type="checkbox"/>	NAME: [Blank] ADDRESS: [Blank] CITY, ST, ZIP: [Blank]	<input type="checkbox"/>
NAME: KOVACS, ALYSON ADDRESS: 727 CROWS BLUFF LN CITY, ST, ZIP: SANFORD, FL 32773	<input type="checkbox"/>	NAME: [Blank] ADDRESS: [Blank] CITY, ST, ZIP: [Blank]	<input type="checkbox"/>
NAME: [Blank] ADDRESS: [Blank] CITY, ST, ZIP: [Blank]	<input type="checkbox"/>	NAME: [Blank] ADDRESS: [Blank] CITY, ST, ZIP: [Blank]	<input type="checkbox"/>
NAME: [Blank] ADDRESS: [Blank] CITY, ST, ZIP: [Blank]	<input type="checkbox"/>	NAME: [Blank] ADDRESS: [Blank] CITY, ST, ZIP: [Blank]	<input type="checkbox"/>

12. I hereby declare that the information supplied with this filing does not qualify for the exemption contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is complete and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or persons authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 of this report, or on an attachment with an address, with all other filers empowered.

SIGNATURE:

Charles Kovacs
 SIGNATURE AND TYPE IN PRINT OF SIGNING OFFICER OR DIRECTOR

3/16/07

Date of Filing