

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P06000115561**

1. Entity Name  
CKS INVESTMENT-MP, INC.



Principal Place of Business

6563 RIDGEWOOD DR  
NAPLES, FL 34108

Mailing Address

6563 RIDGEWOOD DR  
NAPLES, FL 34108



04142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**41-1412102**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

J. THOMAS CONROY, III  
2210 VANDERBILT BEACH ROAD  
SUITE 1201  
NAPLES, FL 34109

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

000000904541  
05/01/08-80017-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	CRAVEN, RICHARD F
STREET ADDRESS	6563 RIDGEWOOD DR
CITY - ST - ZIP	NAPLES, FL 34108
TITLE	VS
NAME	SHAFFER, BYRON G
STREET ADDRESS	6563 RIDGEWOOD DR
CITY - ST - ZIP	NAPLES, FL 34108
TITLE	V
NAME	STEUER, JOSEPH T
STREET ADDRESS	6563 RIDGEWOOD DR
CITY - ST - ZIP	NAPLES, FL 34108
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:** Richard F. Craven Richard F. Craven 4/14/08 239-596-2257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #