


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000046969 1. Entity Name C & K FRITTS COMPANY, INC.	
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Principal Place of Business 1992 COLINA COURT ATLANTIC BEACH, FL 32233	Mailing Address 1992 COLINA COURT ATLANTIC BEACH, FL 32233
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent NOLAN, STEFANI K 9951 ATLANTIC BLVD. 417 JACKSONVILLE, FL 32225	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		<p>000000089552 03/15/04-80096-010 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRITTS, CHARLES W JR 140 MAGNOLIA STREET ATLANTIC BEACH, FL 32233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRITTS, KAREN J 140 MAGNOLIA STREET ATLANTIC BEACH, FL 32233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Charles W Fritts* *Karen J Fritts* 1-25-04 (904) 247-1225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #