

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90111 027 ***150.00

DOCUMENT # P96000001754

1. Entity Name
C-K ENTERPRISE, INC.



Principal Place of Business
**6115 15TH ST EAST
BRADENTON, FL 34203**

Mailing Address
**6111-15TH ST EAST
BRADENTON, FL 34203**



01132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0635630	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

**EDMUNDS, THOMAS G
6111 15TH ST EAST
BRADENTON, FL 34203**

**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

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

Pres.
(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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 EDMUNDS, THOMAS G 6111 15TH STREET EAST BRADENTON, FL 34203
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CASSIDY, MARGARET J 6111 15TH ST EAST BRADENTON, FL 34203
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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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**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:

Margaret J. Cassidy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-06
Date

941-755-4725
Daytime Phone #