

2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVAL
07-08-2005 90021030 ***150.00
P98000005232

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. Eckel JUL 26 2005



DOCUMENT # P98000005232 1. Entity Name C K R J C ENTERPRISES, INC.			
Principal Place of Business 16312 VILLARREAL DE AVILA TAMPA, FL 33613		Mailing Address 16312 VILLARREAL DE AVILA TAMPA, FL 33613	
2. Principal Place of Business 16407 AVILA BLVD		3. Mailing Address 16407 AVILA BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33613		Zip 33613	
Country USA		Country USA	
4. FEI Number 59-3487785		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 MARSHALL, CARLTON F 16312 VILLARREAL DE AVILA TAMPA, FL 33613		7. Name and Address of New Registered Agent Name MARSHALL, CARLTON F. Street Address (P.O. Box Number is Not Acceptable) 16407 AVILA BLVD City TAMPA FL Zip Code 33613	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MARSHALL, CARLTON F 16312 VILLARREAL DE AVILA TAMPA, FL 33613	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARSHALL, CARLTON F. 16407 AVILA BLVD TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MARSHALL, KATHERINE 16312 VILLARREAL DE AVILA TAMPA, FL 33613	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARSHALL, KATHERINE 16407 AVILA BLVD TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 fee empowered.			
SIGNATURE:		Date: 7-6-05 Daytime Phone #: 813-247-3647	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	