


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000005232  
 1. Entity Name  
 C K R J C ENTERPRISES, INC.



Principal Place of Business      Mailing Address  
 16407 AVILA BLVD.                      16407 AVILA BLVD.  
 TAMPA, FL 33613                          TAMPA, FL 33613

**DO NOT WRITE IN THIS SPACE**



01062006    No Chg-P    CR2E034 (11/05)

4. FEI Number 59-3487785	Applied For 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  
 16407 AVILA BLVD.  
 TAMPA, FL 33613

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

000000534572  
 05/08/06-80017-013 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, CARLTON F 16407 AVILA BLVD. TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, KATHERINE 16407 AVILA BLVD. TAMPA, FL 33613
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 officers empowered.

SIGNATURE: Carlton F Marshall      4/24/06      813.247-3647  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #