

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90049 028 ***150.00

DOCUMENT # P98000069962					
1. Entity Name C & K MORTGAGE, INC.					
Principal Place of Business 3117 SPRING GLEN RD 406 JAX., FL 32207			Mailing Address 3117 SPRING GLEN RD 406 JAX., FL 32207		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent SAMUELS, CLIFTON 1856 COMMODORE POINT DR ORANGE PARK, FL 32003			7. Name and Address of New Registered Agent Name <u>Kerry Lofton</u> Street Address (P.O./Box Number is Not Acceptable) <u>13042 MT Pleasant Rd</u> City <u>Jacksonville</u> FL Zip Code <u>32225</u>		
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 <u>Kerry Lofton</u> <u>[Signature]</u> <u>3-31-05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME SAMUELS, CLIFTON STREET ADDRESS 1856 COMMODORE POINT DR CITY-ST-ZIP ORANGE PARK, FL 32003	<input checked="" type="checkbox"/> Delete		TITLE President NAME Kerry Lofton STREET ADDRESS 13042 MT Pleasant Rd CITY-ST-ZIP Jacksonville, FL 32225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME LOFTON, KERRY STREET ADDRESS 13042 MT PHEASANT RD CITY-ST-ZIP JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		<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 like empowered.					
SIGNATURE: <u>[Signature]</u> <u>3-31-05</u> <u>904-398-2300</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					