


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000085869**  
 1. Entity Name  
**CKO REALTY, INC.**



Principal Place of Business      Mailing Address  
 1821-6 PARENTAL HOME RD.      PO BOX 2184  
 JACKSONVILLE, FL 32216      YULEE, FL 32041-2184

**DO NOT WRITE IN THIS SPACE**



02112007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-3536631**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**OVERCASH, KENNETH W**  
**1821-6 PARENTAL HOME RD.**  
**JACKSONVILLE, FL 32216**

**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, 2007 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	DP OVERCASH, KENNETH W 1821-6 PARENTAL HOME RD. JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OVERCASH, CHERYL V 1821-6 PARENTAL HOME RD. JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OVERCASH, CHERYL V 1821-6 PARENTAL HOME RD. JACKSONVILLE, FL 32216
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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 like empowered.

**SIGNATURE** *V. Cheryl Overcash, Vice President*      **2-11-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Overtime Phone #