

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S02894

Entity Name: CEK OF LEON COUNTY, INC.

FILED
Apr 23, 2004
Secretary of State

Current Principal Place of Business:

POST OFFICE BOX 180253
BOSTON, MA 02118 US

New Principal Place of Business:

POST OFFICE BOX 52135
BOSTON, MA 02205 US

Current Mailing Address:

POST OFFICE BOX 180253
BOSTON, MA 02118 US

New Mailing Address:

POST OFFICE BOX 52135
BOSTON, MA 02205 US

FEI Number: 59-3008584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, JAY
215 S MONROE SUITE 400
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THOMPSON, CHARLES M,
Address: 150 STANIFORD ST., STE 223
City-St-Zip: BOSTON, MA 02114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: THOMPSON, CHARLES M
Address: POST OFFICE BOX 52135
City-St-Zip: BOSTON, MA 02205

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES M THOMPSON

PD

04/23/2004

Electronic Signature of Signing Officer or Director

Date