

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S02894

FILED
Apr 25, 2005
Secretary of State

Entity Name: CEK OF LEON COUNTY, INC.

Current Principal Place of Business:

215 S. MONROE STREET
SUITE 400
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

New Mailing Address:

519 HARRISON AVENUE
SUITE 512
BOSTON, MA 02118

Current Mailing Address:

P.O. BOX 52135
BOSTON, MA 02205

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: POST OFFICE BOX 52135
City-St-Zip: BOSTON, MA 02205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: THOMPSON, CHARLES M
Address: 519 HARRISON AVENUE, SUITE 512
City-St-Zip: BOSTON, MA 02118

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 THOMPSON

PD

04/25/2005

Electronic Signature of Signing Officer or Director

Date