2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 08, 2005 8:00 am Secretary of State

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Principal Place of Business Mailing Address 5209 YELLOWWATER RD 5209 YELLOWWATER RD MCKSONVELE, FL 32234 MACKSONVELE, FL 32234					<u> </u>		4 (4747002.13	8009			E# C (T)
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2005 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Name	NT # S39858	KEIOKI		ATTACHMENT						
C & E MARIN	E ING.									
Principal Place of Bu	usiness	Mailing Address	•	66008996						
5209 YELLOWWATI JACKSONVILLE, FL		5209 YELLOWWATER RI JACKSONVILLE, FL 322		6600016						
2. Principal Place of	f Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03082005 Chg-P CR2E034 (10/03)						
City & State		City & State		4. FEI Number Applied For 59-3056969 Not Applied						
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required						
	Name and Address of Current	Registered Agent	Name .	7. Name and Address of New Registered Agent						
WALKER, CHR 5209 YELLOW	WATER RD			Walker, Christopher R. Idress (P.O. Box Number is Not Acceptable)						
BALDWIN, FL				5209 Yellow water Rd						
				aldwin FL Zip Code 32234						
	d entity submits this statement for f registered agent.	or the purpose of changing its r	egistered office or	registered agent, or both, in the State of Florida. I am familiar with, and acce						
SIGNATURE CL	mitopher & W		ristophe							
Signatus	re, typed or printed name of registered agent	and title il applicable. (NOTE:	Registered Agent signatur	e required when reinstating) DATE						
	Will FEE IS \$150.00 2005 Fee will be \$550.	9. Election Campaig Trust Fund Contri		\$5.00 May Be Added to Fees						
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE P	KER, CHRISTOPHER	Delete	TITLE NAME	Treasurer X Change X Additi						
STREET ADDRESS RT.	24, 80X 772 5209 Ye	llow bulater Rd	STREET ADDRESS CITY-ST-ZIP	Debra Walker 245 EnriRd Georgetown, SC 29490						
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CITY-ST-ZIP			CITY-ST-ZIP							
indicated on thi of the corporation	is report or supplemental report i	s true and accurate and that m owered to execute this report a	y signature shall ha	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information are the same legal effect as if made under oath; that I am an officer or director of the formation of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if the same legal effect as if the same legal effect of the same legal e						
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SIGNATUR	SIGNATURE AND TYPED OR	PLINTED NAME OF SIGNING OFFICER OF	OR DIRECTOR	Date Daytine Phone #						