2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 447465

1. Entity Name
T.K. ENTERPRISES OF WINTER HAVEN., INC.

Principal Place of Business
201 PAINE DR
WINTER HAVEN, FL 33884 US

Mailing Address
201 PAINE DR
WINTER HAVEN, FL 33884 US

01112005 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-1516383

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KONDOR (THOMAS E.)
201 PAINE DRIVE
WINTER HAVEN, FL 33884

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KONDOR, BARBARA A
STREET ADDRESS	201 PAINE DRIVE
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	SDT
NAME	KONDOR, THOMAS
STREET ADDRESS	201 PAINE DRIVE
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/02/05-80084-013 150.00

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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: Barbara A. Kondor — 1-31-05 — 863-324-3274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BARBARA A KONDOR