2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 447465

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

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

DO NOT WRITE IN THIS SPACE

01132006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1516383	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, 2006 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

U00000391874
01/24/06-80058-019 150.00

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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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Barbara W. Kondor_ BARBARA A. KONDOR   1-13-06   863-324-3274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #