

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90044 046 ***150.00

DOCUMENT # F02000005715

1. Entity Name
T.D.K. CONSTRUCTION CO.,INC.



Principal Place of Business
**201 E. MAIN STREET
MURFREESBORO, TN 37130**

Mailing Address
**PO BOX 429
ROBARDS, KY 42452**

54009905



02172004 Chg-P CR2E034 (10/03)

2. Principal Place of Business
1610 S. CHURCH STREET

3. Mailing Address

Suite, Apt. #, etc.
SUITE C

Suite, Apt. #, etc.

City & State
MURFREESBORO, TN

City & State

Zip
37130

Country
USA

Zip

Country

4. FEI Number
61-1025614

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DST** ☐ Delete
NAME **KEACH, TIM**
STREET ADDRESS **201 E. MAIN STREET**
CITY-ST-ZIP **MURFREESBORO, TN 37130**

TITLE **DST** ☒ Change ☐ Addition
NAME **TIM, KEACH**
STREET ADDRESS **1610 S. CHURCH STREET, SUITE C**
CITY-ST-ZIP **MURFREESBORO, TN 37130**

TITLE **DP** ☐ Delete
NAME **KEACH, DORRIS L**
STREET ADDRESS **201 E. MAIN STREET**
CITY-ST-ZIP **MURFREESBORO, TN 37130**

TITLE **DP** ☒ Change ☐ Addition
NAME **DORRIS L. KEACH**
STREET ADDRESS **1610 S. CHURCH STREET, SUITE C**
CITY-ST-ZIP **MURFREESBORO, TN 37130**

TITLE **DVP** ☐ Delete
NAME **KEACH, MARGARET**
STREET ADDRESS **201 E. MAIN STREET**
CITY-ST-ZIP **MURFREESBORO, TN 37130**

TITLE **DVP** ☒ Change ☐ Addition
NAME **MARGARET KEACH**
STREET ADDRESS **1610 S. CHURCH STREET, SUITE C**
CITY-ST-ZIP **MURFREESBORO, TN 37130**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Dorris L. Keach/President

D L Keach

2-17-2004

270-521-7825

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #