

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L47992 1. Entity Name T.K.A. INDUSTRIAL SERVICES, INC.																													
Principal Place of Business 1353 SW HEATHER TERR STUART FL 34997		Mailing Address 1353 SW HEATHER TERR STUART FL 34997																											
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	4. FLI Number 65-0179705																									
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent ACIERNO, THOMAS K 1353 SW HEATHER TERRACE STUART FL 34997			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 _____ (NOTE: Registered Agent signature required when consolidating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>ACIERNO, THOMAS K.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1353 SW HEATHER TERRACE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>STUART FL</td> <td></td> </tr> </table>			TITLE	PD	☐ Delete	NAME	ACIERNO, THOMAS K.		STREET ADDRESS	1353 SW HEATHER TERRACE		CITY- ST- ZIP	STUART FL		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">U00000421320</td> <td style="width: 20%; text-align: right;">☐ Change ☐ Add</td> </tr> <tr> <td>NAME</td> <td>02/16/06-80031-017 150.00</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	U00000421320	☐ Change ☐ Add	NAME	02/16/06-80031-017 150.00		STREET ADDRESS			CITY- ST- ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas K Acerno 2/3/6 772 466-9641