

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 452672

1. Entity Name
T & K ASSOCIATES, INC.



Principal Place of Business
**405 TRAMORE DR
CHAPEL HILL, NC 27516**

Mailing Address
**405 TRAMORE DR
CHAPEL HILL, NC 27516**



01052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1672680	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CONRAD, JOSEPH E
400 OCEAN TRAIL WAY
APT 502
JUPITER, FL 33477**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONRAD, JOSEPH E 400 OCEAN TRAIL WAY #502 JUPITER, FL 33477
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONRAD, JILL A 203 CHESAPEAKE WAY CHAPEL HILL, NC 27516
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONRAD, CLAYTON R 405 WESTWOOD DR CHAPEL HILL, NC 27516
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CONRAD NEWTON, SUSAN 405 TRAMORE DR CHAPEL HILL, NC 27516
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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000000734502
01/28/08-80010-015 158.75

**DO NOT WRITE
IN THIS SPACE**

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 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph E. Conrad 1/17/08 561-745-6902

Date

Daytime Phone #