

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 23, 2008 08:00 AM
Secretary of State

DOCUMENT # 560125

1. Entity Name
THOMAS AIKENS, INC.



Principal Place of Business
**2708 E. DR. M.L.K., JR. BLVD
TAMPA, FL 33610**

Mailing Address
**2708 E. DR. M.L.K., JR. BLVD
TAMPA, FL 33610**



07212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1981578

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHECHT, NEIL
3630 W. KENNEDY BLVD
TAMPA, FL 33609**

**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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	AIKENS, YVONNE J
STREET ADDRESS	3106 E LAKE AVENUE
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	PS
NAME	AIKENS-GUZMAN, LA CHERYL
STREET ADDRESS	2404 WOODY TR. LANE
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	2VP
NAME	AIKENS, TERYL R
STREET ADDRESS	3006 PONDEROSA TRAIL
CITY-ST-ZIP	WIMAUMA, FL 33598
TITLE	T
NAME	AIKENS, DARYL A
STREET ADDRESS	102 JULEP CT
CITY-ST-ZIP	WARNER ROBINS, GA 31088
TITLE	CS
NAME	AIKENS, NICOLE T
STREET ADDRESS	3106 E. LAKE AVE
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000956080
07/23/08-80001-017 150.00

**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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

La Cheryl Aikens
La Cheryl Aikens-07/21/08 813 232-8725
GUZMAN Date Daytime Phone #