2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State
03-26-2008 90020 019 ***150.00

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1. Entity Name
TTAKY, INC.

40051882

Principal Place of Business	Mailing Address
702 NORTH SHORE DR, STE 300 JEFFERSONVILLE, IN 47130	702 NORTH SHORE DR, STE 300 JEFFERSONVILLE, IN 47130

DO NOT WRITE IN THIS SPACE

03172008 No Chg-P CR2E034 (11/05)

4. FEI Number
61-0712854
☐ 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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CDP
NAME	LUMLEY, TOM
STREET ADDRESS	702 NORTH SHORE DR, STE 300
CITY-ST-ZIP	JEFFERSONVILLE, IN 47130
TITLE	DV
NAME	THOMAS, LEE
STREET ADDRESS	702 NORTH SHORE DR, STE 300
CITY-ST-ZIP	JEFFERSONVILLE, IN 47130
TITLE	S
NAME	HAMMER, JOAN
STREET ADDRESS	702 NORTH SHORE DR, STE 300
CITY-ST-ZIP	JEFFERSONVILLE, IN 47130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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 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: X Joan E. Hammer JOAN E. HAMMER 3/18/08 812-206-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #