

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007325

FILED  
Feb 07, 2007  
Secretary of State

Entity Name: TYONEK SERVICES GROUP, INC.

## Current Principal Place of Business:

1689 C STREET #219  
ANCHORAGE, AK 995015131

## New Principal Place of Business:

## Current Mailing Address:

1689 C STREET #219  
ANCHORAGE, AK 995015131

## New Mailing Address:

FEI Number: 20-1603684

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CHRM ( ) Delete  
Name: GARBER, BARK K  
Address: P.O. BOX 1091  
City-St-Zip: LOXAHATCHEE, FL 334701091

Title: P ( ) Delete  
Name: GARBER, BARK K  
Address: P.O. BOX 1091  
City-St-Zip: LOXAHATCHEE, FL 334701091

Title: VD ( ) Delete  
Name: PFEIFER, SCOTT  
Address: 1689 C STREET #219  
City-St-Zip: ANCHORAGE, AK 995015131

Title: STD ( ) Delete  
Name: DORAN, LENN A  
Address: 1689 C STREET #219  
City-St-Zip: ANCHORAGE, AK 995015131

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHRM (X) Change ( ) Addition  
Name: GARBER, BART K  
Address: P.O. BOX 1091  
City-St-Zip: LOXAHATCHEE, FL 334701091

Title: PRES (X) Change ( ) Addition  
Name: GARBER, BART K  
Address: P.O. BOX 1091  
City-St-Zip: LOXAHATCHEE, FL 334701091

Title: VP (X) Change ( ) Addition  
Name: PFEIFER, SCOTT  
Address: 1689 C STREET #219  
City-St-Zip: ANCHORAGE, AK 995015131

Title: ST (X) Change ( ) Addition  
Name: DORAN, LENN A  
Address: 1689 C STREET #219  
City-St-Zip: ANCHORAGE, AK 995015131

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LENN A. DORAN

ST

02/07/2007

Electronic Signature of Signing Officer or Director

Date