

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # J65869

1. Entity Name
TMK ENTERPRISES, INC.



Principal Place of Business

101 N STATE RD 7
121
MARGATE, FL 33063 US

Mailing Address

101 N STATE RD 7
121
MARGATE, FL 33063 US



04112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2794703	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HRWAG CORP.
2000 GLADES ROAD
SUITE 400
BOCA RATON, FL 33431

**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 \$550.00**

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

U000000900585
04/29/08-80035-014 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
KRUSE, THOMAS M.
20864 SONRISA WAY
BOCA RATON, FL 33433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
KRUSE, YASUNO T.
20864 SONRISA WAY
BOCA RATON, FL 33433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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TITLE
NAME
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CITY-ST-ZIP

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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: *Thomas Kruse* **Thomas KRUSE President** 4-11-08 9549714580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #