

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # **K55384**



1. Entity Name  
**TIMKO FAMILY ENTERPRISES, INC.**

Principal Place of Business  
**840 NORTH STONE ST.  
 DELAND FL 32720-3256**

Mailing Address  
**840 NORTH STONE ST.  
 DELAND FL 32720-3256**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State

City & State

4. FEI Number **59-2936473**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZIMMERMAN, MARK A.  
 431 EAST NEW YORK AVENUE  
 DELAND FL 32721-2087**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 **JEFFREY L. TIMKO, PRESIDENT**

**2/1/07**

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, 2007 Fee Will Be \$550.00  
 Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PD TIMKO, JEFFREY	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	608 WESTCHESTER DR DELAND FL	
TITLE NAME	STD TIMKO, CATHERINE	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	608 WESTCHESTER DR. DELAND FL	
TITLE NAME	V TIMKO, CATHERINE	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	608 WESTCHESTER DR. DELAND FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		

100000522034  
 02/13/07-30010-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

**Jeffrey L. Timko (386) 734-1766**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-07

Date

Daytime Phone #