# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000012656

**Entity Name:** TEK PROPERTIES INC.

| **Current Principal Place of Business:** | **New Principal Place of Business:** |
|---|---|
| 310 COLLEGE DRIVE<br>ORANGE PARK, FL 32065 | |

| **Current Mailing Address:** | **New Mailing Address:** |
|---|---|
| 310 COLLEGE DRIVE<br>ORANGE PARK, FL 32065 | |

FEI Number: 59-3697834     FEI Number Applied For ( )     FEI Number Not Applicable ( )     Certificate of Status Desired (X)

| **Name and Address of Current Registered Agent:** | **Name and Address of New Registered Agent:** |
|---|---|
| LINTON, JAMES ERIC<br>170-H COLLEGE DR<br>ORANGE PARK, FL 32065     US | |

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:     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

| | OFFICERS AND DIRECTORS | | ADDITIONS/CHANGES |
|---|---|---|---|
| Title: | DP          ( ) Delete | Title: | DP          (X) Change  ( ) Addition |
| Name: | LINTON, JAMES ERIC | Name: | LINTON, JAMES ERIC |
| Address: | 923 AUTHOR MORE DR. | Address: | 923 AUTHOR MOORE DR. |
| City-St-Zip: | GREEN COVE SPRINGS, FL 32043 | City-St-Zip: | GREEN COVE SPRINGS, FL 32043 |
| | | | |
| Title: | DST          ( ) Delete | Title: |          ( ) Change  ( ) Addition |
| Name: | MAY, THOMAS A | Name: | |
| Address: | 5591 DIANTHUS ST. | Address: | |
| City-St-Zip: | GREEN COVE SPRINGS, FL 32043 | City-St-Zip: | |
| | | | |
| Title: | DV          ( ) Delete | Title: |          ( ) Change  ( ) Addition |
| Name: | WARD, KEITH R | Name: | |
| Address: | 2741 NAVAJO RD. | Address: | |
| City-St-Zip: | ORANGE PARK, FL 32065 | City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify 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:  THOMAS A. MAY                          S                    01/14/2009

    Electronic Signature of Signing Officer or Director                            Date