


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90468 033 ***150.00

DOCUMENT # P02000059081
1. Entity Name
LTK, INC.



Principal Place of Business
9239 SACRAMENTO DRIVE
NEW PORT RICHEY, FL 34655

Mailing Address
9239 SACRAMENTO DRIVE
NEW PORT RICHEY, FL 34655

DO NOT WRITE IN THIS SPACE



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0711210	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

HUDAK, ELIZABETH A
9239 SACRAMENTO DRIVE
NEW PORT RICHEY, FL 34655

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUDAK, ELIZABETH A 9239 SACRAMENTO DRIVE NEW PORT RICHEY, FL 34655
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Elizabeth Hudak #126105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #