

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90015 022 \*\*\*150.00

**DOCUMENT # P03000019623**

1. Entity Name

TKA, INC.



Principal Place of Business

40 WEST COLONIAL DRIVE  
ORLANDO FL 32801

Mailing Address

40 WEST COLONIAL DRIVE  
ORLANDO FL 32801

2. Principal Place of Business

606 Water Oak Lane

Suite, Apt. #, etc.

3. Mailing Address

606 Water Oak Lane

Suite, Apt. #, etc.

City & State

Longwood, FL

City & State

Longwood, FL

4. FEI Number

75-3104055

Applied For

Not Applicable

Zip

32779

Country

Seminole

Zip

32779

Country

Seminole

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

COOLEY, R. EDWARD  
1450 S.R. 434 WEST  
SUITE 200  
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

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

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> Delete
NAME	Kathleen Shaia	
STREET ADDRESS	606 Water Oak Lane	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Kathleen Shaia	
STREET ADDRESS	606 Water Oak Lane	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Kathleen Shaia	
STREET ADDRESS	606 Water Oak Lane, Longwood, FL	
CITY-ST-ZIP	32779	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Kathleen Shaia	
STREET ADDRESS	606 Water Oak Lane	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-04

407-481-1035

Date

Daytime Phone #