


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2004 8:00 am
Secretary of State

09-02-2004 90075 043 ***158.75

DOCUMENT # P03000026923 1. Entity Name TDK AND SONS, INC.			
Principal Place of Business 3431 TRIGGERFISH DR HERNANDO BEACH, FL 34607 UD		Mailing Address 3431 TRIGGERFISH DR HERNANDO BEACH, FL 34607 UD	
2. Principal Place of Business 8525 AIRWAY BLVD Suite, Apt. #, etc.		3. Mailing Address 8525 AIRWAY BLVD Suite, Apt. #, etc.	
City & State New Port Richey FL.		City & State New Port Richey FL.	
Zip 34654	Country PASCO	Zip 34654	Country PASCO
4. FEI Number 020678814		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KATAMAY, THEODORE D 3431 TRIGGERFISH DR HERNANDO BEACH, FL 34607		7. Name and Address of New Registered Agent Name Katamay, Theodore D. Street Address (P.O. Box Number is Not Acceptable) 8525 AIRWAY BLVD. City New Port Richey FL Zip Code 34654	
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 <u><i>Theodore D. Katamay</i></u> Theodore D. Katamay 8-23-04 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D,P KATAMAY, THEODORE D 3431 TRIGGERFISH DR HERNANDO BEACH, FL 34607	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D,P KATAMAY, Theodore D 8525 AIRWAY BLVD. New Port Richey, FL 34654
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Theodore D. Katamay</i></u> Theodore David Katamay 8-23-04 727-815-9995 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			



Attachment
Division of Corporations

Receipt

24683058

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number: P03000026923

Tracking Number: 700040634117

The charge for your Annual Report is
\$158.75

If you want to review your document, use the browser back button to return to page 1 of the data entry. Use the browser forward button to come back to this page.

If you need to make a change, you must return to the Document Number page and start over. A new tracking number will be assigned.

If you have any questions, please contact our help desk at (850) 245-6939.

To proceed to pay for the Annual Report, press the CONTINUE button below.

By pressing the CONTINUE button, your Annual Report will be placed in processing and no additional Annual Reports may be filed for this corporation until this one is processed.

Continue

Sunbiz Home Page

Public Access Help



HPU300002623

Online Payment System

Please Confirm Billing Information

Transaction Amount: \$158.75

Email Address:

Billing Name:

THEODORE D KATAMAY

Billing Address:

8525 AIRWAY BLVD

Billing City:

NEW PORT RICHEY

Billing State:

FL

Billing Zip:

34654-

Billing Phone Number:

7278159995

Payment Method:

Visa

Credit Card Number:

4427103015504102

Credit Card Expiration Date:

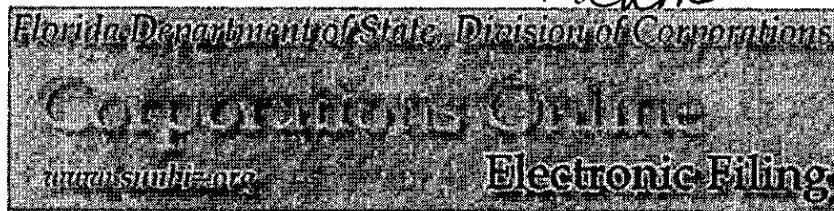
01/2006

Important Notice: Clicking the "Pay Now" button below more than one time may result in multiple charges to your account. Please click on the "Pay Now" button only one time. Please be patient. Your order is being processed.

Back

Pay Now

Attachment



24063058
P0300002690

Online Payment System

PaymentError:

Unable to authorize funds for payment at this time.

Who to contact for further info:

The credit card authorization was not received because the information entered does not match our records. Your transaction has NOT been paid and your credit card has NOT been charged. If you have any questions, please contact your credit card issuer.

Back