


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-12-2004 90045 023 ***150.00

DOCUMENT # P03000027647 1. Entity Name TKS SHIPPING, INC.																																																																																																											
Principal Place of Business 4 TEEPEE COURT DESTIN FL 32541			Mailing Address 4 TEEPEE COURT DESTIN FL 32541																																																																																																								
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																								
City & State			City & State																																																																																																								
Zip		Country		Zip																																																																																																							
Country		Country		4. FEI Number 43-2003510																																																																																																							
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																							
6. Name and Address of Current Registered Agent SMARTT, TIMOTHY O 981 HIGHWAY 98 EAST UNIT 3 DESTIN FL 32541				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4 TEEPEE COURT City DESTIN FL Zip Code 32541																																																																																																							
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 <i>Timothy O Smartt</i> DATE 3/8/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 60%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>																																																																																																											
<div style="display: flex;"> <div style="width: 50%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>SMARTT, TIMOTHY O</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>1335 LAKE WASHINGTON CIRCLE LAWRENCEVILLE GA 30043</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>SMARTT, KELLY W</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1335 LAKE WASHINGTON CIRCLE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAWRENCEVILLE GA 30043</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 50%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	SMARTT, TIMOTHY O		CITY-ST-ZIP	1335 LAKE WASHINGTON CIRCLE LAWRENCEVILLE GA 30043		TITLE	VP	Delete <input type="checkbox"/>	NAME	SMARTT, KELLY W		STREET ADDRESS	1335 LAKE WASHINGTON CIRCLE		CITY-ST-ZIP	LAWRENCEVILLE GA 30043		TITLE		Delete <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		Delete <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		Delete <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <i>Timothy O Smartt</i> DATE: 3/8/2004 DAYTIME PHONE: 850-654-5774 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																											