


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000028078	
1. Entity Name TKSE, INC.	

Principal Place of Business 6900 DANIELS PKWY SUITE 22 FORT MYERS, FL 33912	Mailing Address 6900 DANIELS PKWY SUITE 22 FORT MYERS, FL 33912
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DO NOT WRITE IN THIS SPACE

03132008 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0770958	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 EAGAN, STEVEN 16708 BOBCAT DRIVE FORT MYERS, FL 33908	DO NOT WRITE IN THIS SPACE
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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 _____
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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000908718 05/06/08-80041-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P EAGAN, STEVEN 16708 BOBCAT DRIVE FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KENNEDY, TIMOTHY J 16708 BOBCAT DRIVE FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CROSSLEY, NANCY R 9705 SEGUIN WAY FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Nancy R. Crossley **NANCY R. CROSSLEY** 4-16-2008 239-768-2799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #