## 2005 FOR PROFIT CORPORATION

## **FILED** Jan 11, 2005 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P03000078952** TKM INVESTMENT CO., INC. Mailing Address Principal Place of Business \_ 4496 SOUTHSIDE BLVD 4496 SOUTHSIDE BLVD JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 01062005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 33-1064446 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SCHOU, TERRY M 4496 SOUTHSIDE BLVD JACKSONVILLE, FL 32216 IN THIS SPACE 3. 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 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2005 Fee will be \$550.00 10. TITLE SCHOU, TERRY M NAME STREET ADDRESS 4496 SOUTHSIDE BLVD CITY-ST-ZIP JACKSONVILLE, FL 32216 U00000177725 TITLE 01/11/05-80060-017 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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:

TITLE NAME STREET ADDRESS CITY - ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #