FILED
Jul 28, 2006 8:00 am
Secretary of State
07-28-2006 90031 008 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000083811

1. Entity Name
TJ O'ROURKE'S INC

Principal Place of Business
620 ~~30TH AVE~~ N
~~ST~~ PETERSBURG, FL 33704

Mailing Address
620 ~~30TH AVE N~~
~~ST~~ PETERSBURG, FL 33704

07122006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1036-3rd ST NORTH	1036-3rd ST NORTH
Suite, Apt #, etc: SAFETY HARBOR	Suite, Apt #, etc: SAFETY Harbor Fl
City & State: Fl	City & State: Fl
Zip: 34695 Country: Pinellas	Zip: 34695 Country: Pinellas

4. FEI Number: 35-2209270 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

O'ROURKE, TIMOTHY J
620 30TH ~~AVE N~~
~~ST~~ PETERSBURG, FL 33704

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 Timothy J. O'Rourke 7-26-06
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
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution ☐ **$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	DP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	O'ROURKE, TIMOTHY J	NAME	
STREET ADDRESS	620 30TH ~~AVE~~ N 1036-3Rd ST NORTH	STREET ADDRESS	
CITY-ST-ZIP	~~ST~~ PETERSBURG, FL 33704 SAFETY Harbor Fl	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 X Timothy J O'Rourke Timothy J O'Rourke 7-26-06 727-458-2677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MAIL TO: DIV OF CORPS, PO Box 1500, Tallahassee, FL