


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000153774 1. Entity Name TK CHRISTIAN CONSTRUCTION, INC.	
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Principal Place of Business 2411 NW 54TH AVENUE GAINESVILLE, FL 32653 US	Mailing Address 2411 NW 54TH AVENUE GAINESVILLE, FL 32653 US
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

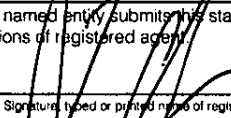
4. FEI Number 20-0520269	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHRISTIAN, THOMAS K
2411 NW 54TH AVENUE
GAINESVILLE, FL 32653

**DO NOT WRITE
IN THIS SPACE**

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  (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
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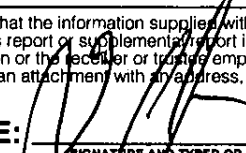
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CHRISTIAN, THOMAS K 2411 NW 54TH AVENUE GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC CHRISTIAN, THOMAS K 2411 NW 54TH AVENUE GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES CHRISTIAN, THOMAS K 2411 NW 54TH AVENUE GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR CHRISTIAN, THOMAS K 2411 NW 54TH AVENUE GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/16/08-80042-016 150.00

**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 recorder 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #