

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 01, 2005 8:00 am**  
**Secretary of State**

07-01-2005 90003 025 \*\*\*150.00

**DOCUMENT # P04000007513**

1. Entity Name  
TKO GROUT RESTORATION, INC.



Principal Place of Business  
671 NE 42ND ST  
FT LAUDERDALE, FL 33334

Mailing Address  
671 NE 42ND ST  
FT LAUDERDALE, FL 33334

60001000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05202005

Chg-P

CR2E034 (10/03)

4. FEI Number  
20-0600067

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUSKEY, J D JR  
INTERNATIONAL BUILDING PENTHOUSE WEST  
2455 E SUNRISE BLVD  
FT LAUDERDALE, FL 33304

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS  
NAME O'LOUGHLIN, TAMARA J  
STREET ADDRESS 391 SE 14 AVE  
CITY-ST-ZIP POMPANO BEACH, FL 33060 ☐ Delete

TITLE VT  
NAME O'LOUGHLIN, MARK E  
STREET ADDRESS 391 SE 14 AVE  
CITY-ST-ZIP POMPANO BEACH, FL 33060 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Tamara O'Loughlin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/05 934-553-0332  
Date Daytime Phone #

06/29/05

ATTACHMENT

To Whom It May Concern:

P04000007513  
20061025

I did not receive the enclosed letter until Monday of this week. I am enclosing all that was sent to me, and I have signed the bottom of the annual report. I do hope this is everything that needed to be completed as no changes in company status have been made. Please advise if I need to do something further to avoid paying the \$400 fee. I did submit my \$150 check on time.

Thank you,

  
Tamara O'Loughlin