


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90029 026 \*\*\*150.00

DOCUMENT # P04000050749					
1. Entity Name TKM PROPERTIES, INC.					
Principal Place of Business 3949 EVANS AVE. #403 FT MYERS, FL 33901			Mailing Address 3949 EVANS AVE. #403 FT MYERS, FL 33901		
2. Principal Place of Business - No P.O. Box # 2034 CLARKE AVE Suite, Apt. #, etc. Eco		3. Mailing Address 2034 CLARKE AVE Suite, Apt. #, etc.			
City & State Fort Myers FL Zip 33905 Country USA		City & State Fort Myers FL Zip 33905 Country USA		4. FEI Number 50-0014009 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03212008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  MILLER, TAD 3949 EVANS AVE. #403 FT MYERS, FL 33901			7. Name and Address of New Registered Agent Name TAD MILLER Street Address (P.O. Box Number is Not Acceptable) 2034 CLARKE AVE City Ft Myers FL Zip Code 33905		
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 <u>TAD Miller</u> DATE <u>21-Mm-08</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, TAD 3949 EVANS AVE. # 403 FT MYERS, FL 33901	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAD MILLER Dir. 2034 CLARKE AVE Ft Myers FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>TAD Miller</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			21-Mm-08 239-281-6692 <small>Date Daytime Phone #</small>		