FOR PROFIT CORPORATION ANNUAL REPORT

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FILED

11 MAY 20 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000083398

1. Entity Name

T.E.K. & SONS PAINTING INC

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CR2E034B (1/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5447 Carmody Lake DR	PO BOX 291165
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT ORANGE	City & State: Port Orange
Zip: 32128 Country: Volusia	Zip: 32129 Country: Volusia

4. FEI Number: 03-0542626 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: EMILIOS KISGEROPOULOS

Street Address (P.O. Box Number is Not Acceptable): 5447 CARMODY LAKE DR

City: PORT ORANGE FL Zip Code: 32128

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re instating)

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

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

E-mail Address: tekpainting@Aol.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Kisgeropoulos, Emilios
STREET ADDRESS	5447 Carmody Lake DR
CITY-ST-ZIP	PORT ORANGE FL 32128
TITLE	V-President
NAME	Kisgeropoulos, Tammy
STREET ADDRESS	5447 CARMODY Lake DR
CITY-ST-ZIP	Port Orange FL 32128
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: Tammy Kisgeropoulos 5/17/11 (386)756-2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #