

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000110306

Entity Name: TTK & J PROPERTIES INC

FILED
Feb 06, 2005
Secretary of State

Current Principal Place of Business:

1108 PAM DR
BRANDON, FL 33510

New Principal Place of Business:

Current Mailing Address:

1108 PAM DR
BRANDON, FL 33510

New Mailing Address:

FEI Number: 34-2021116 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEIFTER, FRED
1707 OAK BRANCH CT
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCIAOCA, ALBERT
Address: 1108 PAM DR
City-St-Zip: BRANDON, FL 33510

Title: V () Delete
Name: SCIACCA, KEN
Address: 1108 PAM DR
City-St-Zip: BRANDON, FL 33510

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCIACCA, ALBERT T
Address: 1108 PAM DR
City-St-Zip: BRANDON, FL 33510

Title: V (X) Change () Addition
Name: SCIACCA, KENNETH P
Address: 1108 PAM DR
City-St-Zip: BRANDON, FL 33510

Title: SEC () Change (X) Addition
Name: SCIACCA, TAMMY L
Address: 1108 PAM DR
City-St-Zip: BRANDON, FL 33510

Title: SEC () Change (X) Addition
Name: SCIACCA, JESSICA
Address: 1108 PAM DR
City-St-Zip: BRANDON, FL 33510

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT T. SCIACCA

P

02/06/2005

Electronic Signature of Signing Officer or Director

_____ Date