## 2005 FOR PROFIT CORPORATION

_	ANNUA	L REPORT	••••			Secret	tary of	State
DOCUMENT # P04000119693 t. Entity Name TK6, INC.					04-29-2005 90254 036 ***158.75			
Principal Place of Business 5905 JOHNS RD TAMPA, FL 33634		Mailing Address 5905 JOHNS RD TAMPA, FL 33634			1.01/1101	DDUI.	 ., 11881: 11818 /8117 Aliva izra	<b>I</b> 1171 <b>218</b> 1 17 1 <b>78</b> 1
2. Principal Place of Business		3. Mailing Address						
Suite, Apt, #Letc.		Suite, Apt. #, etc.			04272005	Chg-P	CR2E034 (10/03	3)
City & State		City & State			4. FEI Numb	"1565 <b>8</b> 0	1	Applied For Not Applicable
Zip	Country Zip Cou		Cour	ntry		ol Status Desired	\$8.75 A	dditional
	6. Name and Address of Curren	f Registered Agent	1	T	7. Name and	Address of New Re	<del> </del>	
				Name				
F & L CORP. ONE INDEPENDENT DR STE 1300 JACKSONVILLE, FL 32202				Street Address (P.O. Box Number is Not Acceptable)				
				City			FL Zip Co	ode
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 agen	il and tile il applicable (NC	)FE: Registers	d Agent signature required	1 when reinstating)		DATE	
		1				<del>-</del>		
	E NOW!!! FEE IS \$150.00 ny 1, 2005 Fee will be \$550	9. Efection Camp Trust Fund Cor		+-	.00 May Be led to Fees			
10.	OFFICERS AND	D DIRECTORS	11.		ADDITIONS	CHANGES TO OFFIC	CERS AND DIRECTO	RS IN 11
BILE	D	☐ Deleta	m	F			☐ Change	
NAME	DOLLIGHT WILLIAM TO		NAM	1			C Orange	
STREET ADDRESS	5905 JOHNS RD			ET ADDRESS				
CITY-ST-ZIP	TAMPA, FL 33634		CITY	·ST-ZIP				
TITLE	D	☐ Delete	TITLE	£	•		☐ Change	☐ Addition
NAME	REID, DAVID W		NAM	E				_
STREET ADDRESS	5905 JOHNS RD			ET ADDRESS				
CATY-ST-ZIP	TAMPA, FL 33634		CITY	-\$T-ZIP				
TITLE		☐ Delete	mu				☐ Change	Addition
NAME CTRCCT LOGGER			NAM	l l				
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				
	<u> </u>		-					
TITLE Name		Defete	TITLE	l l			☐ Change	Addition
STREET ADDRESS				ET ACIONESS				
CITY-ST-ZIP				-\$T-ZIP				
TITLE		☐ Detete	TITLE		<del>-</del>		☐ Change	Addition :
NAME			NAMI	E			2.3	<u></u>
STREET ADDRESS			STRE	ET ADDRESS				,
CITY-SI-ZIP			CHTY	-ST-ZIP				
TITLE		☐ Delate	TITLE	·			☐ Change	Addition
NAME			NAM.	,				
STREET ACCINESS				ET ADDRESS				
CITY-S1-ZIP				ST-ZIP				[
<ol> <li>I hereby of indicated of the corchanged.</li> </ol>	certify that the information symplified with on this report or supplier ential report in poration or the receiver or tryisteeremp for on an attachment with an address,	h this filing does not quality to is true and accurate and that powered to exercise this repor with all other the empowered	or the exer my signat t as requir 5.	mption stated in Se ure shall have the s ed by Chapter 607	ction 119.07(3)(i same legal effec ', Florida Statute	), Florida Statutes. I for as if made under oa s; and that my name a	urther certify that the th; that I am an office appears in Block 10 c	information or or director or Block 11 if
SIGNAT	URE: WAW	V			4/2	7/05		399
	SIGNATURE AND TYPED OR	PRINTED NAME OF BIGNING OFFICE	OR DIRECT	OA ,	, ,-	Date	Caysime Phone #	

DAVID W. REID, PRESIDENT

## FILED May 25, 2005 8:00 am Secretary of State