

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000171388

Entity Name: D.T.K. ENTERPRISES OF W. FLA., INC.

FILED
Mar 17, 2005
Secretary of State

Current Principal Place of Business:

4430 AMBERLAKE COVE
NICEVILLE, FL 32578

New Principal Place of Business:

1826 LEWIS TURNER BLVD
FT ALTON BEACH, FL 32547

Current Mailing Address:

4430 AMBERLAKE COVE
NICEVILLE, FL 32578

New Mailing Address:

1826 LEWIS TURNER BLVD
FT WALTON BEACH, FL 32547

FEI Number: 02-0736123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRKLAND, DEBRA K.
4430 AMBERLAKE COVE
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

KIRKLAND, DEBRA . K S/T
1826 LEWIS TURNER BLVD
FT WALTON BEACH, FL 32547 US

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: DEBRA K. KIRKLAND

03/17/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KIRKLAND, TERRY
Address: 4430 AMBERLAKE COVE
City-St-Zip: NICEVILLE, FL 32578

Title: ST () Delete
Name: KIRKLAND, DEBRA K.
Address: 4430 AMBERLAKE COVE
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KIRKLAND, TERRY
Address: 1826 LEWIS TURNER BLVD
City-St-Zip: FT WALTON BEACH, FL 32547

Title: ST (X) Change () Addition
Name: KIRKLAND, DEBRA K.
Address: 1826 LEWIS TURNER BLVD
City-St-Zip: FT WALTON BEACH, FL 32547

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: DEBRA K. KIRKLAND

S/T

03/17/2005

Electronic Signature of Signing Officer or Director

Date