

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90022 026 ***550.00

DOCUMENT # P05000070816	
1. Entity Name H & K OF TAHMID INC.	

Principal Place of Business 913 SARA AVENUE LEHIGH ACRES, FL 33971	Mailing Address 913 SARA AVENUE LEHIGH ACRES, FL 33971
--	--

**8119 SILVER BIRCH WAY FL 33971
LEHIGH**

DO NOT WRITE IN THIS SPACE

40110-



05042007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2780747	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent REYNOLDS JR, A.B. 801 W. LEELEND HEIGHTS BLVD. LEHIGH ACRES, FL 33936

**DO NOT WRITE
IN THIS SPACE**

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.

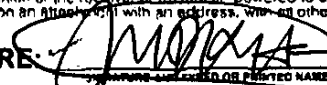
SIGNATURE _____
Signature typed or printed name of registered agent, and date if applicable (NOTE: Registered Agent signature is required when registering) DATE

FILE NOW!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO HOSSIN, MOHAMMED K 913 SARA AVE LEHIGH ACRES, FL 33971
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BEGUM, HOSHNA 913 SARA AVE LEHIGH ACRES, FL 33971
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 attached, with an address, with all other like empowered.

SIGNATURE  **5-1-07**
Signature typed or printed name of signing officer or director Date (Optional Phone #)