## 2007 FOR PROFIT CORPORATION

## **FILED** ANNUAL REPORT Apr 16, 2007 8:00 am Secretary of State DOCUMENT # P05000099554 04-16-2007 90324 040 \*\*\*150.00 T.K. INSTALLATIONS INC. Principal Place of Business Mailing Address 3678 S. BELGRAVE DR. 3678 S. BELGRAVE DR. INVERNESS, FL 34452 INVERNESS, FL 34452 03242007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE NOT APPLICABLE Applied For 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HART, TIMOTHY DO NOT WRITE 3678 S. BELGRAVE DR. INVERNESS, FL 34452 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) FiLE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE HART, TIMOTHY STREET ADDRESS 3678 S. BELGRAVE DR. CITY-ST-ZIP INVERNESS, FL 34452 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR