

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000105242

1. Entity Name
TOMKEN PRODUCTS INC.



Principal Place of Business
3030 WATERFIELD LANE
LAKELAND, FL 33803

Mailing Address
3030 WATERFIELD LANE
LAKELAND, FL 33803



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3236619

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SORAH, KEN
3009 LEILA ESTELLE DR.
PLANT CITY, FL 33565

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000623214
02/13/07-80056-017 158.75

10. OFFICERS AND DIRECTORS

TITLE D
NAME HEAPE, THOMAS
STREET ADDRESS 3030 WATERFIELD LANE
CITY-ST-ZIP LAKELAND, FL 33803

TITLE D
NAME SORAH, KEN
STREET ADDRESS 3030 WATERFIELD LANE
CITY-ST-ZIP LAKELAND, FL 33803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/07 (863) 669-0591

Date

Daytime Phone #