

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000049332

Entity Name: TEKONESOLUTIONS INC.

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4118 WEST GRACE STREET  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

4118 WEST GRACE STREET  
TAMPA, FL 33607

**New Mailing Address:**

FEI Number: 22-3928448

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REID, DEAN A PD  
4118 WEST GRACE STREET  
TAMPA, FL 33607 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: REID, DEAN  
Address: 4118 WEST GRACE STREET  
City-St-Zip: TAMPA, FL 33607

Title: VD  
Name: DAVIS, TYRONE  
Address: 4118 WEST GRACE STREET  
City-St-Zip: TAMPA, FL 33607

Title: VD  
Name: JOHNSON, DARYL  
Address: 4118 WEST GRACE STREET  
City-St-Zip: TAMPA, FL 33607

I hereby 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 all other like empowered.

SIGNATURE: DEAN REID

PD

04/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date