

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2008 8:00 am
Secretary of State

07-11-2008 90017 030 ***150.00

DOCUMENT # P06000134430

1. Entity Name
TKO MECHANICAL, INC.



Principal Place of Business

**4175 KEATS DRIVE
SARASOTA, FL 34241 US**

Mailing Address

**4175 KEATS DRIVE
SARASOTA, FL 34241 US**

40110328



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07082008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-5755317

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BAKER, MICHAEL L
5702 CLARK ROAD
SARASOTA, FL 34233**

7. Name and Address of New Registered Agent

Name **RITTHALER, ROBERT**

Street Address (P.O. Box Number is Not Acceptable)
4175 KEATS DRIVE

City **SARASOTA**

FL

Zip Code **34241**

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.

ROBERT RITTHALER

(NOTE: Registered Agent signature required when reinstating)

7/9/08

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **RITTHALER, ROBERT**
STREET ADDRESS **4175 KEATS DRIVE**
CITY-ST-ZIP **SARASOTA, FL 34241**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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. **ROBERT RITTHALER**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

7/9/08

Date

941-685-3520

Daytime Phone #