

# 2005 FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000061571

1. Entity Name  
TK ENTERPRISES OF N. FLORIDA, INC.



Principal Place of Business  
3550 MAHAN DRIVE  
TALLAHASSEE, FL 32308

Mailing Address  
POST OFFICE BOX 120  
HOSFORD, FL 32334

FILED

05 APR 21 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04212005 No Chg-P CR2E034 (10/03) *MRS*

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3266684

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

HOSFORD, TIFFANY M  
3550 MAHAN DRIVE  
TALLAHASSEE, FL 32308

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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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOSFORD, TIFFANY M
STREET ADDRESS	POST OFFICE BOX 120
CITY-ST-ZIP	HOSFORD, FL 32334
TITLE	VD
NAME	CALDWELL, KATHERINE M
STREET ADDRESS	POST OFFICE BOX 120
CITY-ST-ZIP	HOSFORD, FL 32334
TITLE	S
NAME	MOORE, DEVOE
STREET ADDRESS	POST OFFICE BOX 120
CITY-ST-ZIP	HOSFORD, FL 32334
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

300054006323  
05/06/05--01050--020 \*\*158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Tiffany M. Hosford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/2005 (850) 656-6211  
Date Daytime Phone #