

2006 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

06 FEB 23 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01242006 No Chg-P CR2E034 (11/05)

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

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

300067377763
03/08/06--01006--011 **158.75

**DO NOT WRITE
IN THIS SPACE**

K. Eckel FEB 23 2006

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: Tiffany M Hosford Tiffany M Hosford 2/16/2006 656-6211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #