

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000061571

FILED
Apr 22, 2008
Secretary of State

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

Current Principal Place of Business:

3550 MAHAN DRIVE
TALLAHASSEE, FL 32308

New Principal Place of Business:

6800 MAHAN DRIVE
TALLAHASSEE, FL 32308

Current Mailing Address:

POST OFFICE BOX 120
HOSFORD, FL 32334

New Mailing Address:

FEI Number: 59-3266684 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOSFORD, TIFFANY M
3550 MAHAN DRIVE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

HOSFORD, TIFFANY M
6800 MAHAN DRIVE
TALLAHASSEE, FL 32308 US

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: _____

04/22/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOSFORD, TIFFANY M
Address: POST OFFICE BOX 120
City-St-Zip: HOSFORD, FL 32334

Title: VD () Delete
Name: CALDWELL, KATHERINE M
Address: POST OFFICE BOX 120
City-St-Zip: HOSFORD, FL 32334

Title: S () Delete
Name: MOORE, DEVOE
Address: POST OFFICE BOX 120
City-St-Zip: HOSFORD, FL 32334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TIFFANY M. HOSFORD

PD

04/22/2008

Electronic Signature of Signing Officer or Director

Date