


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000100209	
1. Entity Name TBK, INC.	

Principal Place of Business 8003 WESTSIDE INDUSTRIAL DRIVE JACKSONVILLE, FL 32220	Mailing Address 8003 WESTSIDE INDUSTRIAL DRIVE JACKSONVILLE, FL 32220
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DO NOT WRITE IN THIS SPACE



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3416185	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RAX CO. C/O MCGUIRE, WOODS, BATTLE & BOOTHE 50 N LAURA ST, SUITE 3300 JACKSONVILLE, FL 32202
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CABRE, ENRIC 8003 WESTSIDE INDUSTRIAL DR JACKSONVILLE, FL 322193238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARBONELL, ANTONIO L 8003 WESTSIDE INDUSTRIAL DRIVE JACKSONVILLE, FL 32220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILA, JOAN P CARRER DELS AMETLERS NO. 6, 08213 POLINYA BARCELONA, SPAIN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/28/04-80005-021 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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:  **ENRIC CABRE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____