

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 22, 2004 8:00 am
Secretary of State

09-22-2004 90001 015 ***150.00

DOCUMENT # P98000037366

1. Entity Name
TKB PARTNERSHIP, INC.



Principal Place of Business
**1950 SOUTH UNIVERSITY DRIVE
DAVIE, FL 33324**

Mailing Address
**1950 SOUTH UNIVERSITY DRIVE
DAVIE, FL 33324**

54073386



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09132004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0829610

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

**BRENNAN, KATHLEEN
1950 SOUTH UNIVERSITY DRIVE
DAVIE, FL 33324**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BRENNAN, TIMOTHY J**
STREET ADDRESS **1067 TWIN BRANCH**
CITY-ST-ZIP **WESTON, FL 33326**

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

TITLE **S** ☐ Delete
NAME **BRENNAN, KATHLEEN**
STREET ADDRESS **1067 TWIN BRANCH**
CITY-ST-ZIP **WESTON, FL 33326**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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:

Timothy J. Brennan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY J. BRENNAN

Date

Daytime Phone #

9/14/04 954-423-0033

Attachment

Doc # P58000027366 9/15/04

To whom it may concern

Enclosed is my Renewal
Application for TKB Partnership

I did not receive notice of

ANNUAL Report Being Due 5/1.

Enclosed is A check for \$150.00.

Thank you