

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90012 023 ***150.00

DOCUMENT # P99000046897

1. Entity Name

T.K. ENTERPRISES OF LEE COUNTY, INC.



Principal Place of Business

868 106TH AVE N
NAPLES FL 34108

Mailing Address

868 106TH AVE N
NAPLES FL 34108

2. Principal Place of Business

P.O. Box 6629

3. Mailing Address

P.O. Box 6629

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

Fort Myers, FL

Zip

33911

Country

U.S.A.

Zip

33911

Country

U.S.A.

4. FEI Number

59-3582704

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WANDERON, THOMAS
868 106TH AVE N
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WANDERON, THOMAS	
STREET ADDRESS	868 106TH AVE N	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D.P.T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THERESA MITCHELL	
STREET ADDRESS	P.O. BOX 6629	
CITY-ST-ZIP	FT. MYERS, FL 33911	
TITLE	D, VP, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH MITCHELL	
STREET ADDRESS	P.O. BOX 6629	
CITY-ST-ZIP	FT MYERS, FL 33911	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Theresa K. Mitchell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/04 *239-770-8303*