

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000046897

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: T.K. ENTERPRISES OF LEE COUNTY, INC.

## Current Principal Place of Business:

PO BOX 6629  
FORT MYERS, FL 33911

## New Principal Place of Business:

12820 SUTPHIN CT.  
FORT MYERS, FL 33919

## Current Mailing Address:

PO BOX 6629  
FORT MYERS, FL 33911

## New Mailing Address:

PO BOX 07190  
FORT MYERS, FL 33919

FEI Number: 59-3582704

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WANDERON, THOMAS  
868 106TH AVE N  
NAPLES, FL 34108 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: MITCHELL, THERESA  
Address: PO BOX 6629  
City-St-Zip: FORT MYERS, FL 33911

Title: DVPS ( ) Delete  
Name: MITCHELL, JOSEPH  
Address: PO BOX 6629  
City-St-Zip: FORT MYERS, FL 33911

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: MITCHELL, THERESA  
Address: PO BOX 07190  
City-St-Zip: FORT MYERS, FL 33919

Title: DVPS (X) Change ( ) Addition  
Name: MITCHELL, JOSEPH  
Address: PO BOX 07190  
City-St-Zip: FORT MYERS, FL 33919

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: THERESA K. MITCHELL

DPT

01/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date