## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 04, 2006 8:00 am **DOCUMENT # P99000057420** Secretary of State 1. Entity Name K/TEK, INC. 05-04-2006 90222 007 \*\*\*150.00 Principal Place of Business Mailing Address 1320 E 8TH AVE 1320 E 8TH AVE STE 7 STE 7 **TAMPA, FL 33605** TAMPA, FL 33605 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252006 Chg-P CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 59-3583771 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SWIATEK, VERONICA \*\*\* Street Address (P.O. Box Number is Not Acceptable) 1320 8TH AVE, STE 7 🚮 TAMPA, FL 33605 Zip Code Fl 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 Rorida. 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 9. Election Campaign Financing FILE NOWIII FEE IS \$150,00 \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D ☐ Defete TITLE ☐ Change Addition SWIATEK, VERNICA HEAGEY III, R.C., 1320 E, JAH AVE. STE) NAME NAME 1320 8TH AVE, STE 7 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33605** TAMOA, FL 33605 CITY-ST-ZIP TTLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-7IP CITY-ST-7IP □ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.

3 Eg - R.C. Heagog 426-06 (913) 248-3305 SIGNATURE: // 0

**FILED**