

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000086515

Entity Name: TAEK FORCE INC.

FILED
Apr 22, 2004
Secretary of State

Current Principal Place of Business:

11 EAST 17TH STREET
SAINT CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

11 EAST 17TH STREET
SAINT CLOUD, FL 34769

New Mailing Address:

3210 CORD AVE
SAINT CLOUD, FL 34772

FEI Number: 59-3601183

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHON, TAEK
11708 SANDY HILL DR.
ORLANDO, FL 32821

Name and Address of New Registered Agent:

DECARMO, AMOS J
3210 CORD AVE
SAINT CLOUD, FL 34772

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: AMOS J DECARMO

04/22/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHON, TAEK
Address: 11708 SANDY HILL DR.
City-St-Zip: ORLANDO, FL 32821

Title: TD () Delete
Name: DECARMO, AMOS
Address: 3210 CORD AVE.
City-St-Zip: ST. CLOUD, FL 34769

Title: S (X) Delete
Name: WILCOX, JEFFREY L
Address: 4175 OAKWOOD DR.
City-St-Zip: ST. CLOUD, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DECARMO, AMOS J
Address: 3210 CORD AVE.
City-St-Zip: ST. CLOUD, FL 34769

Title: S (X) Change () Addition
Name: WILCOX, JEFFREY L
Address: 4175 OAKWOOD DR.
City-St-Zip: ST. CLOUD, FL 32714

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AMOS J DECARMO

PD

04/22/2004

Electronic Signature of Signing Officer or Director

Date