## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

SIGNATURE: \_

SIGNATURE AND TYPED OR B

NITED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 16, 2007 8:00 am Secretary of State **DOCUMENT # P99000094693** 04-16-2007 90065 033 \*\*\*150.00 T.K.K. OF PORT ST. JOHN, INC. Principal Place of Business Mailing Address 40062092 KELSEY'S PIZZERIA KELSEY'S PIZZERIA 6811 N US 1 6811 N US 1 COCOA, FL 32927 COCOA, FL 32927 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 02282007 Chg-P City & State City & State 4. FEI Number Applied For 59-3606205 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KYRIAKOULIS, THEODORE Street Address (P.O. Box Number is Not Acceptable) 6811 N. U.S. HWY. 1 COCOA, FL 32952 Zip Code 8. The above named entity subfits 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) 9. Election Campaign Financing FILE NOW!!! FEE \$ \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete ☐ Addition TITLE Change KYRIAKOULIS, THEODORE NAME NAME 6811 N. U.S. HWY. 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA, FL 32952 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME KYRIAKOULIS, KOSTA NAME STREET ADDRESS 6811 N US 1 STREET ADDRESS CITY-ST-ZIP COCOA, FL 32927 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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.

FILED