


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90079 049 \*\*\*150.00

**DOCUMENT # P06000113360**

1. Entity Name  
**TKMG, INC.**



Principal Place of Business      Mailing Address  
**830 HAGLER DR.**      **830 HAGLER DR.**  
**NEPTUNE BCH, FL 32266**      **NEPTUNE BCH, FL 32266**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



04262007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**20-5472466**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MCCORMICK, KENNETH R</b> <b>830 HAGLER DR.</b> <b>NEPTUNE BCH, FL 32266</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCORMICK, KENNETH R			NAME			
STREET ADDRESS	P. O. BOX 50366			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE BCH, FL 32240			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCORMICK, SUE A			NAME			
STREET ADDRESS	P. O. BOX 50366			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE BCH, FL 32240			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCORMICK, BROOKE Y			NAME			
STREET ADDRESS	P. O. BOX 50366			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE BCH, FL 32240			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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.

SIGNATURE: Sue A. McCormick      4-27-07      904-247-1963  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

Sue A. McCormick