2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005
Secretary of State

DOCUMENT# 630858

Entity Name: TEVE INCORPORATED

Current Principal Place of Business:

2325 CRYSTAL DR.
FT. MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

2325 CRYSTAL DR.
FT. MYERS, FL 33907

New Mailing Address:

FEI Number: 59-1923312 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, CECIL E
2325 CRYSTAL DR.
FT. MYERS, FL 33907 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:	CEO	( ) Delete
Name:	WILLIAMS, CECIL E	
Address:	2325 CRYSTAL DR	
City-St-Zip:	FT MYERS, FL 33907	
Title:	PD	( ) Delete
Name:	PACETTI, KEVIN D	
Address:	215 CHANNING CT.	
City-St-Zip:	NAPLES, FL 34110	
Title:	ST	( ) Delete
Name:	PACETTI, RHONDA K	
Address:	215 CHANNING CT.	
City-St-Zip:	NAPLES, FL 34110	
Title:	VP	( ) Delete
Name:	VAN ARNAM, ROBERT J	
Address:	458 KENAN AV	
City-St-Zip:	FT MYERS, FL 33919	
Title:	VP	( ) Delete
Name:	WILLIAMS, EDWARD A	
Address:	2325 CRYSTAL DR	
City-St-Zip:	FT MYERS, FL 33919	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	VAN ARNAM, ROBERT J	
Address:	11700 MEMORY LANE	
City-St-Zip:	FT MYERS, FL 33919	
Title:	VP	(X) Change ( ) Addition
Name:	WILLIAMS, EDWARD A	
Address:	1495 CHARMONT PLACE	
City-St-Zip:	FT MYERS, FL 33919	

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: KEVIN D PACETTI PD 04/04/2005

Electronic Signature of Signing Officer or Director — Date