

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90085 026 ***150.00

DOCUMENT # F02000005325

1. Entity Name
BIO-TEK STUFF, INC.



Principal Place of Business
**1825 NORTH ORANGE BLOSSOM TRAIL
 APOPKA, FL 32703**

Mailing Address
**P.O. BOX 940534
 MAITLAND, FL 32794-0534**

2. Principal Place of Business
2395 Apopka Blvd.

3. Mailing Address
PO Box 940534

Suite, Apt. #, etc.

City & State
Apopka, FL

City & State
Maitland, FL

Zip
32703 Country
USA

Zip
32794-0534 Country
USA



01172005 Chg-P CR2E034 (10/03)

4. FEI Number
16-1631750

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MCNEAL-ROSE
 1767 BENBOW COURT
 APOPKA, FL 32704**

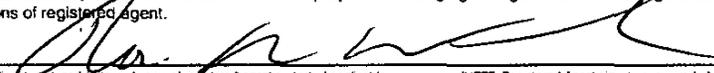
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2395 Apopka Blvd.

City
Apopka, FL FL Zip Code
32703

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 **1-17-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

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

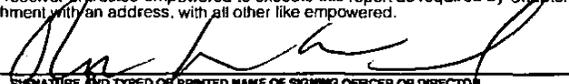
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEIDEMAN, ROBERT 1767 BENBOW COURT APOPKA, FL 32703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOFFINGER, C. LORRAINE 2239 EMBASSY DRIVE WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCNEAL, ROSE M 1767 BENBOW COURT APOPKA, FL 32703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFINGER, MARTIN 2239 EMBASSY DR. WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Robert Heideman 2395 Apopka Blvd. APOPKA, FL 32703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Rose Mc Neal 2395 Apopka Blvd Apopka, FL 32703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  DATE **1-17-05** DAYTIME PHONE # **407-472-0497**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR