2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # G25755

1. Entity Name TECHNICAL MANAGEMENT SE		
Principal Place of Business	Mailing Address	
10575 BRESLER CT HOMOSASSA FL 34487	5455 S. SUNCOAST BLVD PMB #4 HOMOSASSA FL 34446-2068	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
7in Country	7in Count	

FILED Mar 22, 2004 8:00 am Secretary of State 03-22-2004 90091 015 ***150.00

Principal Plac	e of Business		Mailine	Address	l							
Principal Place of Business		_	Mailing Address									
10575 BRESLER CT HOMOSASSA FL 34487		PMB #	5455 S. SUNCOAST BLVD PMB #4 HOMOSASSA FL 34446-2068					II IIIII IBRU 1970: ASS (110)) O(3)) A(3	11 4 1011 41311 610 1	88 85	
2. Principal Place of Business		3. Maili	3. Mailing Address									
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.				MOORE CR2E034 (11/03)					
City & State		City	City & State			4.	FEI Number 59-	2263673			plied For t Applicable	
Zip		Country	Zip	Zip Counti		try		Fee Requir			8.75 Add ee Required	
	6. Name a	and Address of	Current Registered	1 Agent		7. Name and Address of New Registered Agent						
501	"C DI IA DI					Name						
DON'S PHARMACY 7655 WEST GULF TO LAKE HWY. PO BOX 1018				Street Address (P.O. Box Number is Not Acceptable)								
CRYSTAL RIVER FL 32629			9							1 0		
						1	City FL 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 .	Signature, typed o	or printed name of regist	ered agent and title if appli	cable. (NOTE	E. Registered	d Agent signature	e required when	reinstatino)		DATE		.
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State							l l	ampaign Financ I Contribution.	ing	\$5.0 Added	O May Be to Fees	
10.	****		RS AND DIRECTOR	as .	11.		A	L DDITIONS/CHANG	SES TO OFFICE	RS AND (DIRECTORS	S IN 11
TITLE	PD			☐ Delete	TITLE						☐ Change	Addition
NAME	LUTKEHAU	=			NAME	E					_	
	2316 RIVER					ET ADDRESS						
CITY-ST-ZIP	GRANBURY	TX 76048				-ST-ZIP						
TITLE	VSD	^ M I		Delete	TITLE						Change	Addition
NAME STREET ADDRESS	LUTKEHAU	S, M.J SLERCT, ₽OE	TE TOO		NAME	E Et address						
CITY-ST-ZIP	į.	SA FL 34487	<i>5</i>			-ST-ZIP						
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STREET ADDRESS					STRE	ET ADDRESS						ļ
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40) hamalanı	and the second		Professional Contract									

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.

TREASURE MELONY J. LUTKEHAUS 3/16/04 817-279-1511
D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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