


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # H63577**  
 1. Entity Name  
**PHASE TECHNOLOGY CORPORATION**



Principal Place of Business      Mailing Address  
**% WILLIAM HECHT**      **% WILLIAM HECHT**  
**6400 YOUNGERMAN CIR.**      **6400 YOUNGERMAN CIR.**  
**JACKSONVILLE, FL 32244**      **JACKSONVILLE, FL 32244**

**DO NOT WRITE IN THIS SPACE**



01262004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-2745422**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**HECHT, WILLIAM**  
**6400 YOUNGERMAN CIR.**  
**JACKSONVILLE, FL 32244**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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	CD HECHT, WILLIAM 6400 YOUNGERMAN CIR. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HECHT, SONIA 6400 YOUNGERMAN CIR. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HECHT, KENNETH 6400 YOUNGERMAN CIR. JACKSONVILLE, FL
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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: KENNETH HECHT    1/28/04    904-777-0700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #