

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000090054

FILED
Sep 30, 2004
Secretary of State

Entity Name: COM-TEK COMMUNICATIONS, INC

Current Principal Place of Business:

7219 BENJAMIN RD., STE. G
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

2720 KNOLL ST WEST
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 30-0197066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAKINS, SISSY A
2720 KNOLL ST WEST
PALM HARBOR, FL 34683

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: P () Delete
Name: PEREZ, ROBERTO D
Address: 3442 SILVERSTONE CT
City-St-Zip: PLANT CITY, FL 33567

Title: V () Delete
Name: CAHILL, PATRICK R SR
Address: 900 HUNTER LANE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: CFO () Delete
Name: PANICO, DAVID E
Address: 2720 KNOLL ST WEST
City-St-Zip: PALM HARBOR, FL 34683

Title: () Delete
Name:
Address:
City-St-Zip:

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 () Change (X) Addition
Name: DOLAN, THOMAS J
Address: 130 VILLA DI ESTE TERRACE SUITE #204
City-St-Zip: LAKE MARY, FL 32746

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: PATRICK CAHILL SR

VP

09/30/2004

Electronic Signature of Signing Officer or Director

_____ Date