


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 296602 1. Entity Name MEK-TEK INC	
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Principal Place of Business 2600 KINGSWOOD DR NE PALM BAY, FL 32905	Mailing Address 2600 KINGSWOOD DR NE PALM BAY, FL 32905
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04232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1103925	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BOURNE, LEATHA 3580 SERENITY LANE MELBOURNE, FL 32904
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HILLYER, STANLEY 9880 RIVERVIEW DR MICCO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BOURNE, LEATHA 3580 SERENITY LN. MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS MARTIN, TOMMY 971 HUTCHINS ST. S.E. PALM BAY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, DONALD 1304 ELCON DR MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: <u>Leatha Bourne</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-25-05 Date	321-723-9161 Daytime Phone #
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