

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90241 037 ***150.00

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1. Entity Name

T. TECHMAN INC.



Principal Place of Business

7435 CR 48
PO BOX 101
YALAH FL 34797
US

Mailing Address

PO BOX 101
YALAH FL 34797
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-1788018

Applied For
Not Applicable

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

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent

TECHMAN, THOMAS M
7435 CR 48 COUNTY ROAD
PO BOX 101
YALAH FL 34797

7. Name and Address of New Registered Agent

Name

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

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

Thomas M Techman

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-27-06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME TECHMAN, THOMAS M
STREET ADDRESS 7435 CR 48 (PO BOX 101)
CITY-ST-ZIP YALAH FL 34797

TITLE SD ☐ Delete
NAME TECHMAN, JAY M
STREET ADDRESS 7435 CR 48 (PO BOX 101)
CITY-ST-ZIP YALAH FL 34797

TITLE ☐ Delete
NAME *Techman, Dianne M*
STREET ADDRESS *7435 CR 48 (PO BOX 101)*
CITY-ST-ZIP *Yalaha FL 34797*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *Treasurer T* ☐ Change ☒ Addition
NAME *Dianne M Techman*
STREET ADDRESS *7435 CR 48*
CITY-ST-ZIP *Yalaha FL 34797*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Thomas M Techman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-06 (352) 516-9957

Date

Daytime Phone #