


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000001641 1. Entity Name SURTECH INC.	
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Principal Place of Business 24304 KNITAIL CT PORT CHARLOTTE, FL 33980	Mailing Address 24304 KNITAIL CT PORT CHARLOTTE, FL 33980
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DO NOT WRITE IN THIS SPACE



02112004 No Chg-P CR2E034 (10/03)

4. FCI Number 02-0411955	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 VELAPOLDI, FRANK M 24304 KINTAIL CT. PORT CHARLOTTE, FL 33980

**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's signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	DPT VELAPOLDI, FRANK M 24304 KINTAIL CT. PORT CHARLOTTE, FL 33980
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GOLDMAN, STEPHEN R 46 N. STATE ST. CONCORD, NH 03302
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/16/04-80108-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Frank M Velapoldi **FRANK M VELAPOLDI** 2/11/04 (941) 235-4449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #