

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90031 030 ***150.00

DOCUMENT # F03000003622

1. Entity Name

**SOUTHERN TECHNICAL ASSOCIATES OF AMERICA,
INC.**



Principal Place of Business

**411 WALNUT STREET #1248
GREEN COVE SPRINGS FL 32043-3443**

Mailing Address

**411 WALNUT STREET #1248
GREEN COVE SPRINGS FL 32043-3443**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-1807505

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MITCHELL, PHYLLIS A
411 WALNUT STREET, #1248
GREEN COVE SPRINGS FL 32043-3443**

7. Name and Address of New Registered Agent

Name

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

ONE OCEANSS W Blvd. 2-B-6

Daytona Bch

City

FL

Zip Code

32118

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

Mary N Smith

MARY N Smith

3/24/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PC
MITCHELL, TROY E
411 WALNUT STREET, #1248
GREEN COVE SPRINGS FL 32043-3443** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
MITCHELL, PHYLLIS A
411 WALNUT STREET, #1248
GREEN COVE SPRINGS FL 32043-3443** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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CITY-ST-ZIP
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☐ Change ☐ Addition

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:

Troy E. Mitchell

TROY E. Mitchell

3/25/04

904-644-1532

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #