

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90104 040 ***150.00

DOCUMENT # F04000003269					
1. Entity Name TECHNOLOGY RESEARCH CONSULTANTS, INCORPORATED					
Principal Place of Business 2801 US HWY 17-92 W HAINES CITY, FL 33844			Mailing Address 2801 US HWY 17-92 W HAINES CITY, FL 33844		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04162008 Chg-P CR2E034 (12/06)	
4. FEI Number 20-0122921				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JAMES, JERRY 2801 US HWY 17-92 W HAINES CITY, FL 33844			7. Name and Address of New Registered Agent Name: <u>JANUARY DENNISON</u> Street Address (P.O. Box Number is Not Acceptable): <u>2801 US Hwy 17-92 W</u> City: <u>HAINES CITY</u> FL Zip Code: <u>33844</u>		
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		<u>JANUARY DENNISON CEO/PRESIDENT</u>		<u>4/21/08</u>	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent's signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP DENNISON, JANUARY 2801 US HWY 17-92 W HAINES CITY, FL 33844 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:		<u>JANUARY DENNISON CEO/PRESIDENT</u>		<u>4/21/08</u> 863-419-8860	
Signature and typed or printed name of signing officer or director		Date		Daytime Phone #	