

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21307

FILED  
Jan 05, 2009  
Secretary of State

Entity Name: TECH SYSTEMS, INC.

## Current Principal Place of Business:

2754 AURORA ROAD  
PO BOX 361698  
MELBOURNE, FL 32936

## New Principal Place of Business:

2754 AURORA ROAD  
MELBOURNE, FL 32935

## Current Mailing Address:

2754 AURORA RD  
MELBOURNE, FL 32935

## New Mailing Address:

2754 AURORA ROAD  
MELBOURNE, FL 32935

FEI Number: 59-2069911

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAMP, THOMAS H  
4355 ELDORADO WAY  
MELBOURNE, FL 32935 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CAMP, THOMAS H,  
Address: 4355 ELDORADO WAY  
City-St-Zip: MELBOURNE, FL 32934

Title: V ( ) Delete  
Name: GEHM, LAWRENCE P  
Address: 4334 ELDORADO WAY  
City-St-Zip: MELBOURNE, FL 32934

Title: VP ( ) Delete  
Name: SMITH, FRANCIS D.,  
Address: 3030 SWEET OAKS DR  
City-St-Zip: MELBOURNE, FL 32935

Title: VP ( ) Delete  
Name: CAMP, THOMAS H JR  
Address: 4355 ELDORADO WAY  
City-St-Zip: MELBOURNE, FL 32934

Title: VP ( ) Delete  
Name: CAMP, JENNIFER B  
Address: 4355 ELDORADO WAY  
City-St-Zip: MELBOURNE, FL 32934

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS CAMP

PD

01/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date