

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90001 039 ***550.00

DOCUMENT # F39162

1. Entity Name
TECHNOLOGY RESEARCH CORPORATION



Principal Place of Business Mailing Address
5250-140TH AVE NORTH 5250-140TH AVE NORTH
CLEARWATER, FL 33760 US CLEARWATER, FL 33760 US

00020613



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07072006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-2095002

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOUCKS, SCOTT J MR.
5250-140TH AVENUE
CLEARWATER, FL 33760

Name **Black, Barry H. Mr.**

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

5250 - 140th Avenue N.

City

Clearwater

FL

Zip Code
33760

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

Barry H. Black

Barry H. Black

08-11-2006

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME **KENDALL, JERRY T MR.**
STREET ADDRESS **520 BRIGHTWATERS BLVD**
CITY-ST-ZIP **ST. PETERSBURG, FL 33704**

TITLE VD ☐ Delete
NAME **WOOD, RAYMOND B MR.**
STREET ADDRESS **1513 BEVERLY DRIVE**
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE D ☐ Delete
NAME **WALKER, DAVID F MR.**
STREET ADDRESS **14388 EAGLE POINTE DRIVE**
CITY-ST-ZIP **CLEARWATER, FL 33762**

TITLE D ☐ Delete
NAME **MURPHY, EDMUND F JR**
STREET ADDRESS **5250-140TH AVE., N.**
CITY-ST-ZIP **CLEARWATER, FL 33760**

TITLE D ☒ Delete
NAME **MARTIN, POAD MR.**
STREET ADDRESS **5250-140TH AVE N.**
CITY-ST-ZIP **CLEARWATER, FL 33760**

TITLE CFO ☒ Delete
NAME **LOUCKS, SCOTT J MR.**
STREET ADDRESS **1825 BARCELONA DRIVE**
CITY-ST-ZIP **DUNEDIN, FL 34698**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☒ Addition
NAME **Wiggins, Robert S. Mr.**
STREET ADDRESS **5250 - 140th Avenue N.**
CITY-ST-ZIP **Clearwater, FL 33760**

TITLE D ☐ Change ☒ Addition
NAME **Chastelet, Gerry Mr.**
STREET ADDRESS **5250 - 140th Avenue N.**
CITY-ST-ZIP **Clearwater, FL 33760**

TITLE D ☐ Change ☒ Addition
NAME **Murphy, Patrick M. Mr.**
STREET ADDRESS **5250 - 140th Avenue N.**
CITY-ST-ZIP **Clearwater, FL 33760**

TITLE CFO ☐ Change ☒ Addition
NAME **Black, Barry H. Mr.**
STREET ADDRESS **5250 - 140th Avenue N.**
CITY-ST-ZIP **Clearwater, FL 33760**

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

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

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: Barry H. Black Barry H. Black 08-11-2006 727/535-0572 ext. 336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #