


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # F46896 1. Entity Name TECHNICAL MARKETING SERVICES, INC.	
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Principal Place of Business 3313 INDUSTRIAL 25TH ST P.O. BOX 1268 FT PIERCE, FL 34946 US	Mailing Address P O BOX 1268 P.O. BOX 1268 FT PIERCE, FL 34954 US
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01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2137542	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOGAN, MICHAEL D 3313 INDUSTRIAL 25TH ST FORT PIERCE, FL 34946
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**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 signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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	PD HOGAN, MICHAEL D 41 SOVEREIGN WAY FT PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HOGAN, KAREN S. 41 SOVEREIGN WAY FT PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHANDLER, KATHRYN S 4314 THOUSAND PINES DR FT PIERCE, FL 34981
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael D. Hogan, President

3/1/05
Date

772-466-3113
Daytime Phone #