

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F67518**

1. Entity Name  
**FLORIDA TECTONICS, INC.**



Principal Place of Business  
**15932 S.E. 176TH PLACE  
WEIRSDALE, FL 32195 US**

Mailing Address  
**P O BOX 1115  
WEIRSDALE, FL 32195 US**

**DO NOT WRITE IN THIS SPACE**



02282007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2161463**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**RISLEY, KENNETH S  
15932 S.E. 176TH PLACE  
WEIRSDALE, FL 32195**

**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 registering) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	V
NAME	RISLEY, GUY H
STREET ADDRESS	8332 COCOA LANE
CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	P
NAME	RISLEY, KENNETH
STREET ADDRESS	15932 S.E. 176TH PLACE
CITY-ST-ZIP	WEIRSDALE, FL 32195
TITLE	S-T
NAME	RISLEY, KIMBERLY A
STREET ADDRESS	15932 S.E. 176TH PLACE
CITY-ST-ZIP	WEIRSDALE, FL 32195
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000659873  
03/19/07-80004-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 officers and directors.

**SIGNATURE:**

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/07

Date

352-821-9975

Daytime Phone #