

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90042 025 ***150.00

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1. Entity Name
FORTRESS TECHNOLOGIES, INC.



Principal Place of Business
4023 TAMPA ROAD
2000
OLDSMAR, FL 34677 US

Mailing Address
4023 TAMPA ROAD
2000
OLDSMAR, FL 34677 US

40011602



02012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3273884

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

**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

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

(NOTE: Registered Agent signature required when reinstating)

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	D
NAME	LARSON, LEWIS E
STREET ADDRESS	9774 POLISHED STONE
CITY - ST - ZIP	COLUMBIA, MD 21046
TITLE	PCEO
NAME	KUMPU, JANET L
STREET ADDRESS	4023 TAMPA RD #2000
CITY - ST - ZIP	OLDSMAR, FL 34677
TITLE	SD
NAME	EDERER, ALAN
STREET ADDRESS	4023 TAMPA RD #2000
CITY - ST - ZIP	OLDSMAR, FL 34677
TITLE	D
NAME	STAKIAS, MICHAEL
STREET ADDRESS	1370 AVE OF AMERICAS
CITY - ST - ZIP	NEW YORK, NY 10019
TITLE	D
NAME	GREIG, TOM
STREET ADDRESS	1370 AVE OF THE AMERICAS
CITY - ST - ZIP	NEW YORK, NY 10019
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #