

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006442

Entity Name: FLORIDA TEC INC

FILED
Feb 13, 2009
Secretary of State

Current Principal Place of Business:

2496 OLD IVY ROAD
SUITE 300
CHARLOTTESVILLE, VA 22903

New Principal Place of Business:

Current Mailing Address:

PO BOX 5127
CHARLOTTESVILLE, VA 22905

New Mailing Address:

FEI Number: 54-1524820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: D () Delete
Name: CORNELIUS, RICHARD M
Address: 2496 OLD IVY ROAD, SUITE 300
City-St-Zip: CHARLOTTESVILLE, VA 22903

Title: PC () Delete
Name: HEIDERSTADT, RICHARD T
Address: 2496 OLD IVY ROAD, SUITE 300
City-St-Zip: CHARLOTTESVILLE, VA 22903

Title: DV () Delete
Name: WILSON, JACK E
Address: 2496 OLD IVY ROAD, SUITE 300
City-St-Zip: CHARLOTTESVILLE, VA 22903

Title: D () Delete
Name: MONTOYA, BENJAMIN F
Address: 4361 WHISPERING OAKS CIRCLE
City-St-Zip: GRANITE BAY, CA 95746

Title: S/T () Delete
Name: NELSON, DONALD E
Address: 2496 OLD IVY ROAD SUITE 300
City-St-Zip: CHARLOTTESVILLE, VA 22903

Title: D (X) Delete
Name: VILLNOW, JEFFERY
Address: 1450 114TH AVENUE SE SUITE 200
City-St-Zip: BELLEVUE, WA 98004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: WILSON, JACK E
Address: 2496 OLD IVY ROAD, SUITE 300
City-St-Zip: CHARLOTTESVILLE, VA 22903

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: DONALD E NELSON

S

02/13/2009

Electronic Signature of Signing Officer or Director

Date