

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90449 010 ***158.75

DOCUMENT # G26450

1. Entity Name

CONSUTEC, INC.



Principal Place of Business

7901 BENJAMIN ROAD
SUITE 222
TAMPA FL 33634
US

Mailing Address

7901 BENJAMIN ROAD
SUITE 222
TAMPA FL 33634
US

2. Principal Place of Business

7901 Benjamin Road
Suite, Apt. #, etc.

3. Mailing Address

7901 Benjamin Road
Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33634

Country

U.S.

Zip

33634

Country

U.S.

4. FEI Number

59-2269651

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAY OCHOTORENA
7901 BENJAMIN ROAD
SUITE 222
TAMPA FL 33634

Just
address
change

7. Name and Address of New Registered Agent

Name
Ray Ochotorena
Street Address (P.O. Box Number is Not Acceptable)
7901 Benjamin Road
City
Tampa
FL
Zip Code
33634

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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
PDT
OCHOTORENA, RAY
7200 FLOWERFIELD DR.
TAMPA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
KRAWCZYK
13147 GREENGAGE LN.
TAMPA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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

Ed Krawczyk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ed Krawczyk

4/30/04

Date

Daytime Phone #