


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # G70858 1. Entity Name THERMAL TECH, INC.	
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Principal Place of Business
**6828 HANGING MOSS RD
ORLANDO, FL 32807 US**

Mailing Address
**6828 HANGING MOSS RD
ORLANDO, FL 32807 US**



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2343185	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MORRISON, WH
7100 S HWY 17-92
FERN PARK, FL 32730**

**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, 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	PSD WILSON, HUGH 1066 BLACK ACRE TR WINTER SPRINGS, FL 32708
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WILKINS, RICHARD 13001 PRESTWICK DR. RIVERVIEW, FL 33569
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KEITER, DERON 1123 PHEASANT CIR. WINTER SPRINGS, FL 32708
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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100000198961
01/27/05-80074-011 150.00

**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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/05 407/657-6260
Date Daytime Phone #