


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90034 036 \*\*\*150.00

<b>DOCUMENT # G81475</b>					
1. Entity Name <b>KRYTECH, INC.</b>					
Principal Place of Business <b>1648 OSCEOLA STREET JACKSONVILLE, FL 32204</b>			Mailing Address <b>1648 OSCEOLA STREET JACKSONVILLE, FL 32204</b>		
2. Principal Place of Business <b>6161 Jones Ave.</b> Suite, Apt. #, etc.			3. Mailing Address <b>P.O. Box 188</b> Suite, Apt. #, etc.		
City & State <b>Zellwood, FL</b>			City & State <b>Zellwood, FL</b>		
Zip <b>32798</b>		Country <b>USA</b>		4. FEI Number <b>59-2382386</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>O'DONNELL, JAMES D. 1648 OSCEOLA STREET. JACKSONVILLE, FL 32204</b>				7. Name and Address of New Registered Agent Name <b>Glenn R. Rogers</b> Street Address (P.O. Box Number is Not Acceptable) <b>6161 Jones Ave.</b> City <b>Zellwood</b> <b>FL</b> Zip Code <b>32798</b>	
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 <u><i>Glenn R. Rogers</i></u> Pres. DATE <b>2/10/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'DONNELL, JAMES D. 1648 OSCEOLA STREET. JACKSONVILLE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROGERS, GLENN R. 6161 W. JONES AVENUE ZELLWOOD, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YOUNGS, THOMAS L. 6161 W. JONES AVENUE ZELLWOOD, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KENNEDY, CHARLES W. 6161 W. JONES AVENUE ZELLWOOD, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Glenn R. Rogers</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Glenn R. Rogers 2/10/04 (407) 886-1891 <small>Date Daytime Phone #</small>		

**54007665**

