

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-10-2004 90466 002 ***150.00

| | | | | | |
|---|---|---|---|---|--|
| DOCUMENT # G82618 1. Entity Name T. G. TECHNOLOGIES, INC. | | | | | |
| Principal Place of Business 424 EAST CENTRAL BLVD ROOM 349 ORLANDO, FL 32801 US | | | Mailing Address 424 EAST CENTRAL BLVD ROOM 349 ORLANDO, FL 32801 US | | |
| 2. Principal Place of Business 522 S. Hunt Club Blvd. | | 3. Mailing Address 522 S. Hunt Club Blvd. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Apopka, Florida | | City & State Apopka, Florida | | 4. FEI Number 59-2380240 | |
| Zip 32703 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BURKE, EDWARD J. 424 EAST CENTRAL BLVD ROOM 349 ORLANDO, FL 32801 | | | 7. Name and Address of New Registered Agent Name Burke, Edward J. Street Address (P.O. Box Number is Not Acceptable) 522 S. Hunt Club Blvd. City Apopka FL Zip Code 32703 | | |
| 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 obligation of registered agent. SIGNATURE <u>Edward J. Burke</u> Edward J. Burke 5/2/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD BURKE, EDWARD J. <input checked="" type="checkbox"/> Delete 424 EAST CENTRAL BLVD. - 349 ORLANDO, FL 32801 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD Burke, Edward J. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 522 S. Hunt Club Blvd. Apopka, Florida 32703 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BURKE, THOMAS <input checked="" type="checkbox"/> Delete 1036 NODDING PINES WAY CASSELBERRY, FL 32707 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Burke, James <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Box 318 Morgantown, PA. 19543 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BURKE, TERRY L <input checked="" type="checkbox"/> Delete 13554 LAKE MARY JANE RD. ORLANDO, FL 32832 | | 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>Edward J. Burke</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 5/2/04 <small>Date</small> | | 407-647-5681 <small>Daytime Phone #</small> |