2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 12, 2006 08:00 AN Secretary of State

Autoria itali olivi					
DOCUMENT # G99854 1. Entity Name FANTECH, INC.					
Principal Place of Business 1712 NORTHGATE BLVD. SARASOTA, FL 34234 US	Mailing Address 1712 NORTHGATE BLVD. SARASOTA, FL 34234 US				

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Principal Plac	ce of Business	Mailing Address		·]		
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SARASOTA,		SARASOTA, FL 34234 US				
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}			,	01062006 No Chg-P CR2E034 (11/05)		
DO NOT WRITE IN THIS SPACE						
			4. FEI Number Applied For			
			59-2518277 Not Applicable			
				5. Certificate of Status Desired 38.75 Additional		
ļ		1-4		Fee Required		
6. Name and Address of Current Registered Agent						
LAMBDEC	CHT, WILLIAM G		, ,	THE MAN TO A WAR COME & A THIRD CONTRACTOR		
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	A, FL 34236			Marie and Marie Marie State of Marie & Marie State		
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		purpose of changing its registers	ed office or registe	Fred agent, or both, in the State of Florida. I am familiar with, and accept		
the obligat	tions of registered agent.					
PICNATURE						
SIGNATURE.	Signature, typed or printed name of registered agent and tit	te d'applicable. [NOTE, Registeres	Agent agnature require	d when reinstation DATE		
		7		· · · · · · · · · · · · · · · · · · ·		
EII	E NOW!!! FEE IS \$150.00	9. Election Campaign Finan	cing \$5	5.00 May Be		
After M	ay 1, 2006 Fee will be \$550.00	Trust Fund Contribution.		ded to Fees		
10,	OFFICERS AND DIR	ECTORS I		······································		
TITLE	PTD PTD		i	The state of the s		
NAME	WETTERGREN, OLA		J			
STREET ADDRESS	1712 NORTHGATE BLVD		ţ			
City-St-Zip	SARASOTA, FL 34234		{			
	VPSD		} .			
TITLE NAME	THOMPSON, GLENN					
STREET ADDRESS	1712 NORTHGATE BLVD		1			
CATY-ST-ZIP	SARASOTA, FL 34234		}			
	3ARAOUA, 1 E 34244			U00000383286		
TITLE		•		00000038 328 6 01/12/06-80048-006 150.00		
NAME STREET ADDRESS	{		•			
CITY-ST-ZIP	}		l	DO NOT WRITE		
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TITLE		· · · · · · · · · · · · · · · · · · ·	Į.	IN THIS SPACE		
NAME CONCT ADDRESS			ł	ுக்க மாலகளை, ஊக்க <u>மானவ</u> னைகு		
STREET ADDRESS CITY-ST-ZIP						
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NAME	}	•				
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STREET ADDRESS		j				
CITY-ST-ZIP	<u></u>		<u> </u>	and the second s		
12. Thereby o	certify that the information supplied with this	filling does not qualify for the exe	mptions confaine	d 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 signat	ure shall have the	same legal effect as if made under path; that I am an officer or director		

of the corporation of the receiver of trustee empowered to execute this report changed, or an an attachment with an address, with all other like-empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-309-6062