

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90014 040 ***150.00

DOCUMENT # H00404

1. Entity Name
TEC-LINE DEVELOPMENT CORP.



Principal Place of Business
**8840 S. LAKE DASHA DR
PLANTATION, FL 33324**

Mailing Address
**8840 S. LAKE DASHA DR
PLANTATION, FL 33324 US**

40026085



DO NOT WRITE IN THIS SPACE

02092007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2421748

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEMBERGER, GARY
8840 S. LAKE DASHA DRIVE 8840 S. Lake Dasha Dr.
PLANTATION, FL 33324

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LEMBERGER, GARY
STREET ADDRESS	100 N.W. 82ND AVE SUITE 407 8840 S. Lake Dasha Dr.
CITY-ST-ZIP	PLANTATION, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **Gary Lemberger, President 2/8/07 954-423-8877**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #