


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # H92996 1. Entity Name PHOTOGRAMMETRIC TECHNOLOGIES, INC.	
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Principal Place of Business % DEAN L. GREENO 2028 PALMETTO STREET CLEARWATER, FL 33765	Mailing Address % DEAN L. GREENO 2028 PALMETTO STREET CLEARWATER, FL 33765
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04062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2653711	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GREENO, JERRY D 2028 PALMETTO STREET CLEARWATER, FL 33765
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**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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GREENO, JERRY D 5664 BRIDGETON CT PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GREENO, DEAN L 1624 SHELDON DR CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GREENO, JOYCE A 1624 SHELDON DR CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD NORTH, LINDA K. 1856 NORTHWOOD DRIVE CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/29/04-80009-022 158.75

**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: Linda K North - Linda K North 4-15-04 (727) 442-1918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #