





# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90029 037 \*\*\*150.00

<b>DOCUMENT # H93711</b> 1. Entity Name <b>TECHNIQUE ENGINEERING, INC.</b>					
Principal Place of Business <b>4221 N. HINES AVENUE SUITE 100 TAMPA, FL 33607 US</b>				Mailing Address <b>4221 N. HINES AVENUE SUITE 100 TAMPA, FL 33607 US</b>	
2. Principal Place of Business <b>3104 N. ARMENIA AVE Suite, Apt. #, etc. #5</b>		3. Mailing Address <b>3104 N. ARMENIA AVE Suite, Apt. #, etc. #5</b>		  03172005 Chg-P CR2E034 (10/03)	
City & State <b>TAMPA FL</b>		City & State <b>TAMPA, FL</b>			
Zip <b>33607</b>		Zip <b>33607</b>			
Country <b>USA</b>		Country <b>USA</b>			
4. FEI Number <b>59-2628483</b>				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>OVERMAN, KENNY F 4221 N. HINES AVENUE SUITE 100 TAMPA, FL 33607</b>			7. Name and Address of New Registered Agent Name <b>KENNY F. OVERMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>3104 N. ARMENIA AVE #5</b> City <b>TAMPA</b> FL Zip Code <b>33607</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  <b>KENNY F. OVERMAN, PRES</b> 3/23/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		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	PD OVERMAN, KENNY F 3102 N. HABANA AVE. #400 TAMPA, FL 33607 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>KENNY F. OVERMAN 3104 N. ARMENIA AVE #5 TAMPA FL 33607</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FITZGERALD, WALTER 15 PINTAIL PLACE SAFETY HARBOR, FL 34695 <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	
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:  <b>KENNY F. OVERMAN</b> 3/23/05 813-874-8888 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					