2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 08:00 AM
Secretary of State

DOCUMENT # J01559

1. Entity Name
TEC VENTURES, INC.

Principal Place of Business	Mailing Address
7206 N MOBLEY RD ODESSA, FL 33556	7206 N MOBLEY RD ODESSA, FL 33556

01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2761482
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PETTICREW, RICHARD W.
7206 N MOBLEY RD
ODESSA, FL 33556

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PETTICREW, RICHARD W.
STREET ADDRESS	7206 N. MOBLEY RD.
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	SDT
NAME	PETTICREW, BEVERLY J.
STREET ADDRESS	7206 N. MOBLEY DR.
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	AST
NAME	DOYLE, COLLETTE F.
STREET ADDRESS	3030 PEPPERWOOD LANE WEST
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	VP
NAME	MORRISSETTE, COLLEEN G.
STREET ADDRESS	909 WOODLAND DR
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	VP
NAME	PETTICREW, CALVIN W.
STREET ADDRESS	22 SEDI LANE
CITY-ST-ZIP	BREVARD, NC 28712
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000442977
03/04/06-80042-020 150.00

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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: _____ Richard W Petticrew 2/16/06 813-920-2126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #