

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # J01559	
1. Entity Name TEC VENTURES, INC.	
Principal Place of Business 7206 N MOBLEY RD ODESSA, FL 33556	Mailing Address 7206 N MOBLEY RD ODESSA, FL 33556



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2761482	Applied For <input 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 PETTICREW, RICHARD W. 7206 N MOBLEY RD ODESSA, FL 33556

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U000000788444
01/18/08-80043-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETTICREW, RICHARD W. 7206 N. MOBLEY RD. ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT PETTICREW, BEVERLY J. 7206 N. MOBLEY DR. ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST DOYLE, COLLETTE F. 3030 PEPPERWOOD LANE WEST CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORRISSETTE, COLLEEN G. 909 WOODLAND DR PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PETTICREW, CALVIN W. 22 SEDI LANE BREVARD, NC 28712
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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Richard W. Petticrew** Date **1/15/08** Daytime Phone # **813-920-2126**