

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # J36907

1. Entity Name
TRITECH SERVICES INC.



Principal Place of Business

3111 UNIVERSITY DRIVE
SUITE 700
CORAL SPRINGS, FL 33065

Mailing Address

3111 UNIVERSITY DRIVE
SUITE 700
CORAL SPRINGS, FL 33065



04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2731426

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WITZEL, ROBERT C.
7459 NORTHWEST 34TH STREET
LAUDERHILL, FL 33319

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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	DT
NAME	WITZEL, ROBERT C.
STREET ADDRESS	7459 NW 34TH STREET
CITY - ST - ZIP	LAUDERHILL, FL
TITLE	PS
NAME	WITZEL, ROBERT C.
STREET ADDRESS	7459 NW 34TH STREET
CITY - ST - ZIP	LAUDERHILL, FL
TITLE	VD
NAME	SCHMIDT, JOANNE M/
STREET ADDRESS	9451 N W 44TH PLACE
CITY - ST - ZIP	CORAL SPRINGS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

U00000732305
05/09/07-80040-016 150.00

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

ROBERT C. WITZEL

4/24/07 954-340-6670

Date

Daytime Phone #