


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # J99465		
1. Entity Name TECH SOURCE, INC.		

Principal Place of Business 442 S. NORTH LAKE BLVD. 1008 ALTAMONTE SPRINGS, FL 32701	Mailing Address 442 S. NORTH LAKE BLVD. 1008 ALTAMONTE SPRINGS, FL 32701
--	--

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2860843	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEAL, EDWARD
442 S. NORTH LAKE BLVD.
ALTAMONTE SPRINGS, FL 32701

**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, 2004 Fee will be \$550.00**

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

U000000116592
04/16/04-80070-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	DSV
NAME	LAMM, JOSEPH D.
STREET ADDRESS	442 S. N LAKE BLVD #1008
CITY-ST-ZIP	ALTAMONTE SPRG., FL
TITLE	DVC
NAME	LEAL, EDWARD
STREET ADDRESS	442 S. N LAKE BLVD #1008
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL
TITLE	DV
NAME	BENDFELT, RICHARD E
STREET ADDRESS	442 S. NORTH LAKE BLVD, #1008
CITY-ST-ZIP	ALTAMONTE SPGS, FL
TITLE	D
NAME	TOBIAS, MICHAEL J
STREET ADDRESS	442 S. NORTH LAKE BLVD. 1008
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	PD
NAME	MCCOLLOUGH, DARREL G
STREET ADDRESS	442 S. NORTH LAKE BLVD, 1008
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	DT
NAME	GUPTA, RAJENDRA K
STREET ADDRESS	102 SMOKERISE BLVD
CITY-ST-ZIP	LONGWOOD, FL 32779

**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 signature and title.

SIGNATURE: EDWARD LEAL 1-06-2004 407 2627100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #