



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # K62153 1. Entity Name FLORIDA TECHNOLOGY SYSTEMS, INC.						 MOORE CR2E034 (11/03)	
Principal Place of Business FTS BUILDING 1122 CR 48, SUITE 5 BUSHNELL FL 33513 US				Mailing Address P.O. BOX 1805 BUSHNELL FL 33513			
2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2954428 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>			
Suite, Apt. #, etc		Suite, Apt. # etc					
City & State		City & State					
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WHITE, DANIEL D. 2314 CR 564 BUSHNELL FL 33513				Name Street Address (P.O. Box Number is Not Acceptable) City			
				FL Zip Code			
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 <i>Joyce S. White</i> <i>Joyce S. White Sec/Treas.</i> <i>2-12-04</i> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rechartering) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				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	PD WHITE, DANIEL D. <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITE, DANIEL D.			NAME			
STREET ADDRESS	P.O. BOX 100 N/A			STREET ADDRESS			
CITY - ST - ZIP	BUSHNELL FL 33513			CITY - ST - ZIP			
TITLE	STD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITE, JOYCE S.			NAME	U00000053751		
STREET ADDRESS	P.O. BOX 100 N/A			STREET ADDRESS	02/16/04-80145-001 150.00		
CITY - ST - ZIP	BUSHNELL FL 33513			CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
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: <i>Joyce S. White</i> <i>Joyce S. White</i> <i>2-12-04</i> <i>352-793-8882</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							