

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                         |                                                                                                                               |                                                                                                                          |                                                                                                                |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L08658</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                         |                                                                                                                               |                                                                                                                          |                                                                                                                |  |
| <b>1. Entity Name</b><br>CE-TECH OF JACKSONVILLE, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                         |                                                                                                                               |                                                                                                                          |                                                                                                                |  |
| <b>Principal Place of Business</b><br>C/O HARVEY GRANGER<br>1325 SAN MARCO BLVD., SUITE 902<br>JACKSONVILLE, FL 32207 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                         |                                                                                                                               | <b>Mailing Address</b><br>C/O HARVEY GRANGER<br>1325 SAN MARCO BLVD., SUITE 902<br>JACKSONVILLE, FL 32207 US             |                                                                                                                |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         | <b>3. Mailing Address</b>                                                                                                     |                                                                                                                          |                                                                                                                |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                         | Suite, Apt. #, etc.                                                                                                           |                                                                                                                          | 04182007    Chg-P    CR2E034 (12/06)                                                                           |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                         | City & State                                                                                                                  |                                                                                                                          | <b>4. FEI Number</b><br>59-2968487                                                                             |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                         | Country                                                                                                                       |                                                                                                                          | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>         |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>GRANGER, HARVEY<br>1325 SAN MARCO BLVD.<br>SUITE 902<br>JACKSONVILLE, FL 32207                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                         |                                                                                                                               | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |                                                                                                                |  |
| FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                         |                                                                                                                               | Zip Code                                                                                                                 |                                                                                                                |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                         |                                                                                                                               |                                                                                                                          |                                                                                                                |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reappointing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                         |                                                                                                                               |                                                                                                                          |                                                                                                                |  |
| Signature, typed or printed name of registered agent and title if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                         |                                                                                                                               |                                                                                                                          |                                                                                                                |  |
| DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                         |                                                                                                                               |                                                                                                                          |                                                                                                                |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                         | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                          |                                                                                                                |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |                                                                                                                               | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                             |                                                                                                                |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | D<br>GREENE, A. HUGH<br>1325 SAN MARCO BLVD., SUITE 902<br>JACKSONVILLE, FL 32207       |                                                                                                                               | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                               | Change <input type="checkbox"/> Addition <input type="checkbox"/><br>U00000750675<br>05/18/07-80071-023 150.00 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DP<br>LUKASZEWSKI, MICHAEL<br>1325 SAN MARCO BLVD., SUITE 902<br>JACKSONVILLE, FL 32207 |                                                                                                                               | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                               | Change <input type="checkbox"/> Addition <input type="checkbox"/>                                              |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DST<br>DURKIN, CHRISTOPHER<br>1325 SAN MARCO BLVD., SUITE 902<br>JACKSONVILLE, FL 32207 |                                                                                                                               | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                               | Change <input type="checkbox"/> Addition <input type="checkbox"/>                                              |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | AST<br>GRANGER, HARVEY<br>1325 SAN MARCO BLVD., SUITE 902<br>JACKSONVILLE, FL 32207     |                                                                                                                               | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                               | Change <input type="checkbox"/> Addition <input type="checkbox"/>                                              |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Delete <input type="checkbox"/>                                                         |                                                                                                                               | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                               | Change <input type="checkbox"/> Addition <input type="checkbox"/>                                              |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Delete <input type="checkbox"/>                                                         |                                                                                                                               | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                               | Change <input type="checkbox"/> Addition <input type="checkbox"/>                                              |  |
| <b>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.</b> |                                                                                         |                                                                                                                               |                                                                                                                          |                                                                                                                |  |
| <b>SIGNATURE:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                         |                                                                                                                               | 4/30/07 904-202-5010                                                                                                     |                                                                                                                |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                         |                                                                                                                               | Date                      Daytime Phone #                                                                                |                                                                                                                |  |