2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # L28892

1. Entity Name
M-TECH SOUTH, INC.

Principal Place of Business	Mailing Address
11990 NE HWY 316	11990 NE HWY 316
FT MCCOY, FL 32134 US	FT MCCOY, FL 32134 US

DO NOT WRITE IN THIS SPACE

01042006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2987084	Not Applicab'

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

6. Name and Address of Current Registered Agent

STUMP, CLEDIS
11990 NE HWY 316
FT MCCOY, FL 32134

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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 accep 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)

II00000379234
01/10/06-00014-009 150.00

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PV
NAME	STUMP CLEDIS
STREET ADDRESS	11990 NE HWY 316
CITY-ST-ZIP	FT. MCCOY, FL 32134
TITLE	ST
NAME	STUMP, CLARA A
STREET ADDRESS	11990 N.E. HWY 316
CITY-ST-ZIP	FT. MCCOY, FL 32134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 direct 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 1 changed, or on an attachment with an address, with all other like empowered

SIGNATURE: _Cledis Stump   Cledis Stump_   _1-4-06_   _352-236-11:_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #