

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # M65514

1. Entity Name
SANTECH, INC.



Principal Place of Business
3633 131ST AVENUE NORTH
CLEARWATER, FL 33762 US

Mailing Address
3633 131ST AVENUE NORTH
CLEARWATER, FL 33762 US



04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2888227

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KUNIS, NAUM PRES
3633 131ST AVENUE NORTH
CLEARWATER, FL 33762

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000524813
05/04/06-80005-022 158.75

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KUNIS, NAUM
STREET ADDRESS 3633 131ST AVENUE NORTH
CITY-ST-ZIP CLEARWATER, FL 33762

TITLE D
NAME KUNIS, SABINA DDS
STREET ADDRESS 3633 131ST AVENUE NORTH
CITY-ST-ZIP CLEARWATER, FL 33762

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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

Date

Daytime Phone #