

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000000260

1. Entity Name
TECH FLORIDA, INC.



FILED

04 JAN 20 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5395 PEMBRIDGE PLACE
TALLAHASSEE, FL 32308

Mailing Address
5395 PEMBRIDGE PLACE
TALLAHASSEE, FL 32308



01202004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3705374

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BROWER, RON E
5395 PEMBRIDGE PLACE
TALLAHASSEE, FL 32308

**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)

600028320166
02/06/04--01023--006 **\$1.25
DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BROWER, RON E
STREET ADDRESS	5395 PEMBRIDGE PLACE
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	VPD
NAME	BROWER, FRANCES
STREET ADDRESS	5395 PEMBRIDGE PLACE
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	TD
NAME	BROWER, MATT T
STREET ADDRESS	5395 PEMBRIDGE PLACE
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 617, 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

1-20-04 850

Date

Daytime Phone #