

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N03000010373

1. Entity Name  
TECHS, INC.



Principal Place of Business  
9200 SW 132 ST  
MIAMI, FL 33176

Mailing Address  
9200 SW 132 ST  
MIAMI, FL 33176



03222005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0933372

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

PERRY, CLEMMIE C  
9200 SW 132 ST  
MIAMI, FL 33176

**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

*Clemmie Perry* *Clemmie PERRY*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

*3/22/05*  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
REDDICK, DORIS R  
1121 GRACE ST  
TAMPA, FL 33607

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
DANIELS, KIMBERLY  
16740 SW 99 AVE  
MIAMI, FL 33157

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
MILLER, JEAN  
P.O.BOX 1173  
BRANDON, FL 33509

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

000000317887  
04/20/05-80037-001 61.25

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:

*Clemmie Perry* *Clemmie PERRY* *3/22/05* *305 552-2886*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #