

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2004 8:00 am
Secretary of State

01-22-2004 90003 018 ***150.00

DOCUMENT # P00000027716

1. Entity Name
TECHNET CAPITAL CORP.



Principal Place of Business
**C/O WILLIAM R. PAUL
4104 STILLWATER TERRACE COVE
TAMPA, FL 33624**

Mailing Address
**C/O WILLIAM R. PAUL
4104 STILLWATER TERRACE COVE
TAMPA, FL 33624**

DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3634619

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~PAUL, WILLIAM R~~
**C/O RUDEN MCCLOSKEY ET AL
401 E JACKSON ST STE 2700
TAMPA, FL 33602**

WILLIAM R PAUL

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PAUL, WILLIAM R
STREET ADDRESS 4104 STILLWATER TERR COVE
CITY-ST-ZIP TAMPA, FL 33624

TITLE VD
NAME BERKMAN, MONROE E
STREET ADDRESS 3401 S BEACH DR
CITY-ST-ZIP TAMPA, FL 33629

TITLE VD
NAME GOLDFEDER, LOUIS B
STREET ADDRESS 919 MOORING CIRCLE
CITY-ST-ZIP TAMPA, FL 33602

TITLE TD
NAME COHEN, ROBERT
STREET ADDRESS 12414 STILLWATER TERR
CITY-ST-ZIP TAMPA, FL 33624

TITLE D
NAME THORNBRUGH, J D
STREET ADDRESS 4959 BAYSHORE BLVD
CITY-ST-ZIP TAMPA, FL 33611

TITLE S
NAME PAUL, VICKI L
STREET ADDRESS 4104 STILLWATER TERR COVE
CITY-ST-ZIP TAMPA, FL 33624

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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 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

January 14, 2004 *813-222-6607*
Date Daytime Phone #