


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000088441 1. Entity Name COMTEC FLORIDA, INC.	
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Principal Place of Business 1633 NECTARINE TRAIL CLERMONT, FL 34711	Mailing Address 1633 NECTARINE TRAIL CLERMONT, FL 34711
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DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3677227	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent UCKAN, ELIZABETH HOPE 1711 NECTARINE TRAIL CLERMONT, FL 34711-7291
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TECIMER, HASAN 1633 NECTARINE TRAIL CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TECIMER, CEM 1633 NECTARINE TRAIL CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAM, MEHMET 1633 NECTARINE TRAIL CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TECIMER, HASAN 1633 NECTARINE TRAIL CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U01000335007
04/27/05-80068-012 150.00

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: *Hasan Tecimer (HASAN TECIMER)* by *Elizabeth Uckan* 352-241-968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #