

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # P00000088441

1. Entity Name
COMTEC FLORIDA, INC.



Principal Place of Business

**1633 NECTARINE TRAIL
CLERMONT, FL 34711**

Mailing Address

**1633 NECTARINE TRAIL
CLERMONT, FL 34711**



04182006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3677227

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**UCKAN, ELIZABETH HOPE
1711 NECTARINE TRAIL
CLERMONT, FL 34711-7291**

**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

10. OFFICERS AND DIRECTORS

TITLE P
NAME TECIMER, HASAN
STREET ADDRESS 1633 NECTARINE TRAIL
CITY-ST-ZIP CLERMONT, FL 34711

TITLE D
NAME TECIMER, CEM
STREET ADDRESS 1633 NECTARINE TRAIL
CITY-ST-ZIP CLERMONT, FL 34711

TITLE V
NAME CAM, MEHMET
STREET ADDRESS 1633 NECTARINE TRAIL
CITY-ST-ZIP CLERMONT, FL 34711

TITLE S
NAME TECIMER, HASAN
STREET ADDRESS 1633 NECTARINE TRAIL
CITY-ST-ZIP CLERMONT, FL 34711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000529984
05/05/06-80098-019 150.00

**DO NOT WRITE
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:

Elizabeth Hope Ukan (registered agent)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06
Date

352-241-9682
Daytime Phone #