

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90020 034 ***150.00

DOCUMENT # P00000100182

1. Entity Name

VTECH, INC.



Principal Place of Business

37125 RACHEL LANE
EUSTIS FL 32736

Mailing Address

P.O. BOX 952128
LAKE MARY FL 32795-2128

2. Principal Place of Business

542 HASSOCKS LOOP

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAKE MARY, FL

City & State

Zip
32746

Country
USA

Zip

Country

4. FEI Number

59-3680700

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

60013941



6. Name and Address of Current Registered Agent

DUFFY, MATTHEW S
37125 RACHEL LANE
EUSTIS FL 32736

7. Name and Address of New Registered Agent

Name

DUFFY, MATTHEW S

Street Address (P.O. Box Number is Not Acceptable)

26430 PALMETTO CIRCLE

City

PAISLEY

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DUFFY, MATTHEW S	
STREET ADDRESS	37125 RACHEL LANE	
CITY-ST-ZIP	EUSTIS FL 32736	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DUFFY, ERIN M	
STREET ADDRESS	110 BENT OAK COURT	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFFY, MATTHEW S	
STREET ADDRESS	26430 PALMETTO CIRCLE	
CITY-ST-ZIP	PAISLEY, FL	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFFY, ERIN M	
STREET ADDRESS	2306 NORTH LAKE DR.	
CITY-ST-ZIP	SANFORD, FL 32773	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

ERIN M. DUFFY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/06
Date

407-402-4201
Daytime Phone #