


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**

DOCUMENT # P00000115808 1. Entity Name TEJCHMAN, INC.	
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Principal Place of Business 327 HINSDALE DR. DEBARY, FL 32713	Mailing Address 327 HINSDALE DR. DEBARY, FL 32713
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DO NOT WRITE IN THIS SPACE



03302006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3687753	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TEJCHMAN, WALTER A  
327 HINSDALE DR.  
DEBARY, FL 32713

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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, 2006 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	DPT TEJCHMAN, WALTER A 327 HINSDALE DR. DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TECHMAN, SUZANNE 327 HINSDALE DR. DEBARY, FL 32713
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05/11/06-80097-017 150.00

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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: Walter A. Tejchman 4-25-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #