

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # E01000048888

1. Entity Name
BIO-TECH INDUSTRIES INC.



Principal Place of Business
**994 BLANDING BLVD
BLDG 109
ORANGE PARK, FL 32065**

Mailing Address
**P.O. BOX 65276
ORANGE PARK, FL 32065-0005**

DO NOT WRITE IN THIS SPACE



04102006 No Chg-P CR2E034 (11/05)

4. FEI Number 27-0067158	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

**MCGARVA, DAVID J
2774 MESQUITE AVE
ORANGE PARK, FL 32065**

**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	CEO
NAME	MCGARVA, DAVID J
STREET ADDRESS	2774 MESQUITE AVE
CITY-ST-ZIP	ORANGE PARK, FL 32065

TITLE	P
NAME	MCGARVA, SANDRA J
STREET ADDRESS	2774 MESQUITE AVE
CITY-ST-ZIP	ORANGE PARK, FL 32065

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/28/06-80059-018 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/06

Date

(904) 272-6446

Daytime Phone #