

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90251 006 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P01000069937	
1. Entity Name TECH SYSTEMS, INC.	

50018743

Principal Place of Business 838 NW 27TH AVENUE OCALA, FL 34475	Mailing Address 638 NW 27TH AVENUE OCALA, FL 34475
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04112006 No Chg-P CR2ED34 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3733255	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GILIGAN, PATRICK G 7 EAST SILVER SPRINGS BLVD SUITE 500 OCALA, FL 34470
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DO NOT WRITE
IN THIS SPACE

I, the above named entity submit 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 reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

8. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees

OFFICERS AND DIRECTORS	
101 NAME 101-1 101-2 101-3 101-4 101-5 101-6 101-7 101-8 101-9 101-10 101-11 101-12 101-13 101-14 101-15 101-16 101-17 101-18 101-19 101-20	D TAYLOR, WOODROW W 638 NW 27TH AVENUE OCALA, FL 34475
102 NAME 102-1 102-2 102-3 102-4 102-5 102-6 102-7 102-8 102-9 102-10 102-11 102-12 102-13 102-14 102-15 102-16 102-17 102-18 102-19 102-20	V TAYLOR, MARY E 638 NW 27TH AVENUE OCALA, FL 34475
103 NAME 103-1 103-2 103-3 103-4 103-5 103-6 103-7 103-8 103-9 103-10 103-11 103-12 103-13 103-14 103-15 103-16 103-17 103-18 103-19 103-20	
104 NAME 104-1 104-2 104-3 104-4 104-5 104-6 104-7 104-8 104-9 104-10 104-11 104-12 104-13 104-14 104-15 104-16 104-17 104-18 104-19 104-20	
105 NAME 105-1 105-2 105-3 105-4 105-5 105-6 105-7 105-8 105-9 105-10 105-11 105-12 105-13 105-14 105-15 105-16 105-17 105-18 105-19 105-20	

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: Woodrow W Taylor 4/25/06 352-528-2668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone If