

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000085933

1. Entity Name  
3T TECHNOLOGIES INCORPORATED



Principal Place of Business  
3209 NORTH AUSTRALIAN AVE  
WEST PALM BEACH, FL 33407

Mailing Address  
3209 NORTH AUSTRALIAN AVE  
WEST PALM BEACH, FL 33407



04092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1134266

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

TATE, COREY D  
3209 NORTH AUSTRALIAN AVE  
WEST PALM BEACH, FL 33407

**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 Corey D. Tate

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/21/04  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000131080  
04/25/04 00142 003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME TATE, COREY D  
STREET ADDRESS 3209 NORTH AUSTRALIAN AVE  
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE T  
NAME TATE, BONNIE L  
STREET ADDRESS 3209 NORTH AUSTRALIAN AVE  
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Corey D. Tate  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04 (561) 714-3442  
Date Daytime Phone #