

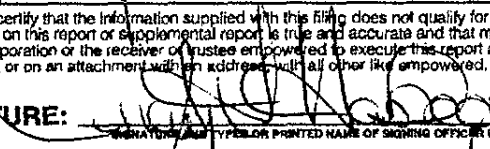


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000096967		
1. Entity Name TECH MASTER OF JACKSONVILLE INC.		
Principal Place of Business 29 SE 10TH STREET DEERFIELD BEACH, FL 33441		Mailing Address 29 SE 10TH STREET DEERFIELD BEACH, FL 33441
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HASHAGEN, CHERYL 29 SE 10TH STREET DEERFIELD BEACH, FL 33441		 04282004 No Chg-P CR2E034 (10/03) 4. FEI Number 65-1144561 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For Not Applicable
		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	PD	
NAME	HASHAGEN, ROBERT	
STREET ADDRESS	29 SE 10TH STREET	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE	STD	
NAME	HASHAGEN, CHERYL	
STREET ADDRESS	29 SE 10TH STREET	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:  450004 9545740818		