

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90438 002 ***150.00

DOCUMENT # P01000098349

1. Entity Name
FIREFLY TECHNOLOGIES, INC.



Principal Place of Business
**442 W KENNEDY BLVD, STE 200
TAMPA, FL 33606**

Mailing Address
**442 W KENNEDY BLVD, STE 200
TAMPA, FL 33606**

2. Principal Place of Business
442 W. Kennedy Blvd.

3. Mailing Address
442 W. Kennedy Blvd.

Suite, Apt. #, etc.
Suite 220

Suite, Apt. #, etc.
Suite 220

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33606 Country
US

Zip
33606 Country
US

04292004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3748897

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RECTOR, W. STEVE
442 W KENNEDY BLVD, STE 200
TAMPA, FL 33606**

7. Name and Address of New Registered Agent

Name **Rector, W. Steve**
Street Address (P.O. Box Number is Not Acceptable)
442 W. Kennedy Blvd.
Suite 220
City **Tampa** **FL** Zip Code **33606**

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RECTOR, W. STEVE	
STREET ADDRESS	3310 W VILLA ROSA ST	
CITY-ST-ZIP	TAMPA, FL 33611	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARWOOD, WILLIAM	
STREET ADDRESS	120 S CHURCH ST	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, TODD F	
STREET ADDRESS	120 S HALE ST	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rector, W. Steve	
STREET ADDRESS	442 W. Kennedy Blvd., Ste 220	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harwood, William R.	
STREET ADDRESS	442 W. Kennedy Blvd., Ste. 220	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	D/S/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Walker, Todd F.	
STREET ADDRESS	442 W. Kennedy Blvd. 442 W. Kennedy Blvd., Ste. 220	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Powers, Barry	
STREET ADDRESS	1123 Overcash Dr.	
CITY-ST-ZIP	Dunedin, FL 34698	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Coia, David Jr.	
STREET ADDRESS	1123 Overcash Dr.	
CITY-ST-ZIP	Dunedin, FL 34698	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	- see attached sheet -	
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: W. Steve Rector (W. Steve Rector) 4/29/04 813-254-6511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

14016149

Attachment

Additional Sheet for 2004 For Profit Corporation Annual Report
Document #P01000098349

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hayes, Curtis G. 11691 Seminole Blvd. Seminole, FL 33778	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rief, Frank J., III 442 W. Kennedy Blvd., Suite 340 Tampa, FL 33629	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cocco, Anthony 10121 Frierson Lake Dr. Hudson, FL 34669	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition