

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90006 035 ***150.00

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|--|--|--|--|---|--|
| DOCUMENT # P01000098870 1. Entity Name PRO-TECH INDUSTRIES, INC. | | | | | |
| Principal Place of Business 1175 HERCULES AVE. CLEARWATER, FL 33765 | | | | Mailing Address 1175 HERCULES AVE. CLEARWATER, FL 33765 | |
| 2. Principal Place of Business 2200 LAKE AVE SE Suite, Apt. #, etc. | | 3. Mailing Address 2200 LAKE AVE SE Suite, Apt. #, etc. | | | |
| City & State LARGO FL | | City & State LARGO FL | | 4. FEI Number 59-3748847 | |
| Zip 33771 | | Country FLORIDA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent JOHNSON, JAMES F 1122 MACRAE AVE CLEARWATER, FL 33755 | | | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ | |
| 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: <u>JAMES F. JOHNSON James F Johnson, SECT/TREASURER/DIRECTOR</u> 3/15/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE _____ NAME JOHNSON, JAMES F <input type="checkbox"/> Delete STREET ADDRESS 1122 MACRAE AVE. CITY-ST-ZIP CLEARWATER, FL 33755 | | | | TITLE STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | |
| TITLE _____ NAME _____ <input type="checkbox"/> Delete STREET ADDRESS _____ CITY-ST-ZIP _____ | | | | TITLE P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME JAMIE F. JOHNSON STREET ADDRESS 1968 SUN TREE CITY-ST-ZIP CLEARWATER, FL 33763 | |
| TITLE _____ NAME _____ <input type="checkbox"/> Delete STREET ADDRESS _____ CITY-ST-ZIP _____ | | | | TITLE _____ NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ CITY-ST-ZIP _____ | |
| TITLE _____ NAME _____ <input type="checkbox"/> Delete STREET ADDRESS _____ CITY-ST-ZIP _____ | | | | TITLE _____ NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ CITY-ST-ZIP _____ | |
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| 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: <u>JAMES F. JOHNSON James F Johnson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | 3/15/06 727-442-8251 <small>Date Daytime Phone #</small> | |