

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 FEB 24 PM 4: 02

DOCUMENT # P02000040740

1. Entity Name
MICROTECH ADVANCED SYSTEMS, INC.



Principal Place of Business
**400 MADISON AVE #104
ORANGE PARK, FL 32065**

Mailing Address
**400 MADISON AVE #104
ORANGE PARK, FL 32065**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



02242004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
**STEWART, ADRIANNA J
400 MADISON AVE #104
ORANGE PARK, FL 32065**

4. FEI Number
74-3040004

Applied For
☐ Not Applicable

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

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 _____
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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|--|--|
| TITLE Pres NAME STREET ADDRESS CITY-ST-ZIP | D STEWART, ADRIANNA J 400 MADISON AVE #104 ORANGE PARK, FL 32065 <input checked="" type="checkbox"/> Delete | TITLE Pres NAME STREET ADDRESS CITY-ST-ZIP | Clark, Kenneth A 3655 Havenwood Rd Middleburg, FL 32068 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Kenneth A Clark, Kenneth A 3655 Havenwood Rd Middleburg, FL 32068 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 300029744983 03/03/04--01013--003 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: **2/24/04** **9047592600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #