

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2004 8:00 am
Secretary of State

06-10-2004 90002 047 ***150.00

DOCUMENT # P02000085584

1. Entity Name
TECHFLEX, INC.



Principal Place of Business
**1420 S.E. 17TH TERRACE
CAPE CORAL, FL 33990**

Mailing Address
**1420 S.E. 17TH TERRACE
CAPE CORAL, FL 33990**

54057054



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06072004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

55-0791209

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BECHTOLD, HELGA E
1420 S.E. 17TH TERRACE
CAPE CORAL, FL 33990**

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 \$550.00
Due by September 8, 2004**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BECHTOLD, HORST D
1420 S.E. 17TH TERRACE
CAPE CORAL, FL 33990** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BECHTOLD, HELGA E
1420 S.E. 17TH TERRACE
CAPE CORAL, FL 33990** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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: *Horst Bechtold* **6/08/04 239-458-3073**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment 54057054
2000085584

L & M ACCOUNTING, INC.
2804 Del Prado Blvd., #209
Cape Coral, FL 33904
Phone (239) 541-0055
Fax (239) 541-7283
Email: lmaccounting@earthlink.net

~~June 7, 2004~~

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

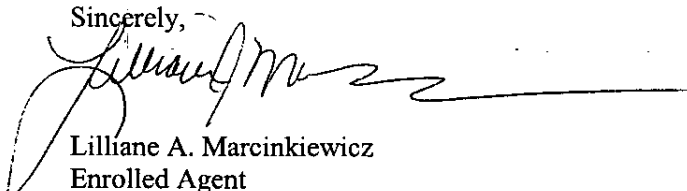
RE: Techflex, Inc.
2004 UBR

Dear Sir or Madam:

In reference to the above filing, taxpayer is requesting an abatement of the late filing fee and hereby submitting the \$150.00 annual filing fee. Taxpayers never received the postcard for filing the annual report. They just became aware of the oversight when filing their annual corporate taxes.

In lieu of the above, please accept the initial fee of \$150.00 enclosed.

Sincerely, ~



Lillian A. Marcinkiewicz
Enrolled Agent