

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000114263

FILED
Jan 14, 2004
Secretary of State

Entity Name: TECH CON SOLUTIONS, INC.

Current Principal Place of Business:

1510 N. MEADOWCREST BOULEVARD
CRYSTAL RIVER, FL 34429

New Principal Place of Business:

430 N. SUNCOAST BLVD
CRYSTAL RIVER, FL 34429

Current Mailing Address:

1510 N. MEADOWCREST BOULEVARD
CRYSTAL RIVER, FL 34429

New Mailing Address:

430 N SUNCOAST BLVD
CRYSTAL RIVER, FL 34429

FEI Number: 01-0750235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICE, RICHARD H
1510 N. MEADOWCREST BOULEVARD
CRYSTAL RIVER, FL 34429

Name and Address of New Registered Agent:

RICE, RICHARD H
430 N SUNCOAST BLVD
CRYSTAL RIVER, FL 34429

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.

SIGNATURE:

01/14/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RICE, RICHARD H
Address: 1165 N. CLOAN TERRACE
City-St-Zip: LECANTE, FL 33461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RICE, RICHARD H
Address: 1165 N. SLOAN TERRACE
City-St-Zip: LECANTO, FL 33461

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD H RICE

P

01/14/2004

Electronic Signature of Signing Officer or Director

Date