

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2004 MAY 18 PM 12: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000018221

1. Entity Name
TECHNA-TOOL INTERNATIONAL, INC.



Principal Place of Business

459 2ND AVE. SOUTH
NAPLES, FL 34102

Mailing Address

300 5TH AVENUE SOUTH
SUITE 101 #460
NAPLES, FL 34102



01232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 81-0602384	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NAPLES-LAWDOCK, INC.
4501 TAMIAMI TRAIL NORTH
SUITE 300
NAPLES, FL 34103

DO NOT WRITE IN THIS SPACE

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD BEHLING, BRUCE 4501 TAMIAMI TRAIL NORTH, SUITE 300 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

500036966435
05/20/04--01061--003 **550.00

DO NOT WRITE IN THIS SPACE

5/18 VEM

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/04

Date

2623678665

Daytime Phone #