2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

CUMENT # P03000021778

ity Name

ITECH, INC.

al Place of Business	Mailing Address
DS OF MANDARIN 89 ONVILLE FL 32257	P. O. BOX 57274 JACKSONVILLE FL 32241

1st MOORE CR2E034 (10/05)

2. cipal Place of Business | 3. Mailing Address

te, Apt. #, etc. | Suite, Apt. #, etc.

y & State | City & State

Country | Zip | Country

4. FEI Number 13-4242078 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

HAEFELI, JOHN JR.
3200 HARTLEY RD., #89
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8 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 accep 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, 2006 Fee Will Be $550.00
Check Payable to Florida Department of State

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: C NAME: HAEFELI, JOHN SR. STREET ADDRESS: P. O. BOX 57274 CITY-ST-ZIP: JACKSONVILLE FL 32241	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000396884 01/30/06-80027-010 150.00
TITLE: P NAME: HAEFELI, MICHAEL STREET ADDRESS: P. O. BOX 57274 CITY-ST-ZIP: JACKSONVILLE FL 32241	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: S NAME: HAEFELI, DEIRDRD STREET ADDRESS: P. O. BOX 57274 CITY-ST-ZIP: JACKSONVILLE FL 32241	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: John Haefeli Sr. JOHN HAEFELI SR Jan 19, '06 904-568-