## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 12, 2004 8:00 am Secretary of State **DOCUMENT # P03000070381** 04-12-2004 90248 032 \*\*\*150.00 PROJECT MANAGEMENT TECHNOLOGIES, INC. Principal Place of Business Mailing Address 3096 S. FULMER CIRCLE 3096 S. FULMER CIRCLE DAUDUDID TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04012004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For *a 0 - 0945*837 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name, MARKLEY, WHITNEY 3096 S. FULMER CIRCLE Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32303 City Zip Code FI 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIO F Delete TITL S ☐ Change ☐ Addition NAME MARKLEY, WHITNEY NAME STREET ADDRESS 3096 S. FULMER CIRCLE STREET ADDRESS CITY-ST-71P TALLAHASSEE, FL 32303 CITY-ST-ZIP TITLE □ Defete TITLE ☐ Change ☐ Addition MARKLEY, JOYCE NAME NAME STREET ADDRESS 3096 S. FULMER CIRCLE STREET ADDRESS TALLAHASSEE, FL 32303 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FITLE ☐ Delete TITO F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CETY-ST-70P CITY-ST-ZIP 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.

FILED

SIGNATURE: