

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90206 035 ***150.00

DOCUMENT # P03000120711



1. Entity Name
TEKNATIONAL THERMAL INSULATION AND
HARDWARE, INC.

Principal Place of Business
2454 BRAMAN AVENUE
SUITES 14 AND 15
FORT MYERS, FL 33901 US

Mailing Address
P.O. BOX 926
FORT MYERS, FL 33902 US



2. Principal Place of Business
2455 Moreno Ave

3. Mailing Address

03092004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.
Units 1-4

Suite, Apt. #, etc.

4. FEI Number
20-0339069

Applied For
Not Applicable

City & State
FT. MYERS FL

City & State

Zip
33901

Country
Lee

Zip

Country

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

6. Name and Address of Current Registered Agent

BAILEY, TIMOTHY C
2454 BRAMAN AVENUE
SUITES 14 AND 15
FORT MYERS, FL 33902

7. Name and Address of New Registered Agent

Name
Timothy C Bailey
Street Address (P.O. Box Number is Not Acceptable)
2051 Wilma St
City
FT MYERS FL Zip Code
33901

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
P
BAILEY, TIMOTHY C
P.O. BOX 926
FORT MYERS, FL 33902 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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CITY - ST - ZIP
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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Timothy Bailey

4/27/14

239-461-5558