

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90027 038 ***158.75

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1. Entity Name
TRITECH FALL PROTECTION SYSTEMS, INC.



Principal Place of Business
**4071 L.B. MCLEOD BLVD.
SUITE D
ORLANDO, FL 37457**

Mailing Address
**4071 L.B. MCLEOD BLVD.
SUITE D
ORLANDO, FL 37457**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

01172006 Chg-P CR2E034 (11/05)

4. FEI Number
20-0483830

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JONES, RONNIE J
2021 WATER KEY DRIVE
WINDERMERE, FL 34786**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ARNASON, ROY**
STREET ADDRESS **144 DOUGLAS VIEW RD SE**
CITY-ST-ZIP **CALGARY, ALBERTA T2Z 2S7, FL**

TITLE **VST** ☐ Delete
NAME **EMMETT, JACK**
STREET ADDRESS **1234 21ST ST NW**
CITY-ST-ZIP **CALGARY, ALBERTA T2N 2L7,**

TITLE **COO** ☐ Delete
NAME **JONES, RONNIE J**
STREET ADDRESS **2021 WATER KEY DR**
CITY-ST-ZIP **WINDERMERE, FL 34786**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CFO** ☒ Change ☐ Addition
NAME **Arnason, Roy**
STREET ADDRESS **6714 Fairway Cove Drive**
CITY-ST-ZIP **Orlando FL 32835**

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

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **JONES, RONNIE J**
STREET ADDRESS **2021 Water Key Dr.**
CITY-ST-ZIP **Windermere, FL 34786**

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

407.835.9777