


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90062 020 ***158.75

DOCUMENT # P04000017036 1. Entity Name TECHNOSERVICES & SALES INC.					
Principal Place of Business 14707 NW 140TH ST ALACHUA, FL 32615			Mailing Address 14707 NW 140TH ST ALACHUA, FL 32615		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO Box 1480 Suite, Apt. #, etc.			
City & State Zip Country		City & State Alachua Florida Zip Country 32616 USA		4. FEI Number 56-2430687 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired x x x x x \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name Daniel J. Hargrove Street Address (P.O. Box Number is Not Acceptable) 14707 NW 140 St City Alachua FL Zip Code 32615		
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 <u><i>Daniel J. Hargrove Pres.</i></u> <u>01/28/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HARGROVE, DAN 14707 NW 140TH ST ALACHUA, FL 32615	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIST, SALLY 14707 NW 140TH ST ALACHUA, FL 32615	<input type="checkbox"/> Delete			
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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: <u><i>Daniel J. Hargrove Pres</i></u>		<u>01/28/05 386-462-0641</u>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

01/28/05

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