


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000017036		
1. Entity Name TECHNOSERVICES & SALES INC.		
Principal Place of Business 14707 NORTHWEST 140TH STREET ALACHUA, FL 32615	Mailing Address P.O. BOX 1480 ALACHUA, FL 32616	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HARGROVE, DANIEL J 14707 NORTHWEST 140TH STREET ALACHUA, FL 32615		DO NOT WRITE IN THIS SPACE
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</i></u> (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and role if applicable.		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD HARGROVE, DAN 14707 NW 140TH ST ALACHUA, FL 32615	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RIST, SALLY 14707 NW 140TH ST ALACHUA, FL 32615	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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: <u><i>Daniel J. Hargrove</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>03/29/06</u> Daytime Phone # <u>386-462-0644</u>



01232006 No Chg-P CR2E034 (11/05)

4. FET Number 56-2430687	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

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04/20/06-80072-025 158.75