

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000061283

1. Entity Name  
TEC SOURCE, INC.



FILED

06 DEC 28 PM 5:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5529 BOWLINE BEND  
NEW PORT RICHEY, FL 34652-3001

Mailing Address  
5529 BOWLINE BEND  
NEW PORT RICHEY, FL 34652-3001

2. Principal Place of Business  
6443 ABERDEEN AVE  
Suite, Apt. #, etc.

3. Mailing Address  
1000 NW 61st Ave  
Suite, Apt. #, etc.

City & State  
New Port Richey FL

City & State  
Kansas City Missouri

Zip  
34653

Country  
PASCO

Zip  
64118

Country  
CLAY

12152006 REINSTATE FOR 2006

4. FEI Number  
20-3533084

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ALTMAN, ROBERT N  
5628 MAIN ST  
NEW PORT RICHEY, FL 34652

7. Name and Address of New Registered Agent

Name  
ELVA JOY CLARK

Street Address (P.O. Box Number is Not Acceptable)  
6443 ABERDEEN AVE.

City  
NEW Port Richey FL

Zip Code  
34653

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 ELVA JOY CLARK PRESIDENT Elva Joy Clark 12/22/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00  
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DPV  
CLARK, ELVA  
5529 BOWLINE BEND  
NEW PORT RICHEY, FL 346523001

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TS  
CLARK, ELVA  
5529 BOWLINE BEND  
NEW PORT RICHEY, FL 346523001

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

ROBERT N. ALTMAN  
5628 MAIN ST  
NEW PORT RICHEY FL 34652

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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: Elva Joy Clark ELVA JOY CLARK 12/22/06 727 267 8998  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #