


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2007 8:00 am
Secretary of State

07-18-2007 90048 010 ***150.00

DOCUMENT # P05000061283 1. Entity Name TEC SOURCE, INC.					
Principal Place of Business 6443 ABERDEEN AVE. NEW PORT RICHEY, FL 34653			Mailing Address 1000 N.W. 61ST TERRACE KANSAS CITY, MO 64118		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3533084	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CLARK, ELVA JOY 6443 ABERDEEN AVE. NEW PORT RICHEY, FL 34653			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PVD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALTMAN, ROBERT N		NAME		
STREET ADDRESS	5628 MAIN STREET		STREET ADDRESS		
CITY- ST- ZIP	NEW PORT RICHEY, FL 34652		CITY- ST- ZIP		
TITLE	TS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLARK, ELVA		NAME		
STREET ADDRESS	5529 BOWLINE BEND		STREET ADDRESS		
CITY- ST- ZIP	NEW PORT RICHEY, FL 346523001		CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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: <i>Elva Joy Clark</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			ELVA JOY CLARK <small>Date</small>		
			7-1-07 <small>Date</small>		
			1-816-455-1992 <small>Telephone Number</small>		

ATTACHMENT

WM. R. DEMERS & CO., CPA'S, PA
8211 ST. RD. 52
HUDSON, FL 34667
(727)862-3011

April 5, 2007

ELVA CLARK
TEC SOURCE, INC.
6443 ABERDEEN AVE.
NEW PORT RICHEY, FL 34653

40125907
#P05000061283

Dear Mrs. Clark:

Enclosed is an original and one copy of your Corporate Income/Franchise and Emergency Excise Tax Return for the fiscal year ended December 31, 2006. Please review the return to make sure it is correct and complete.

The original return should be dated and signed by an officer of the corporation and filed on or before October 1, 2007 with the:

FLORIDA DEPARTMENT OF REVENUE
5050 W TENNESSEE STREET
TALLAHASSEE, FL 32399-0135

The copy of the return attached to this instruction sheet is for your records

The return shows a balance due of NONE. No payment is required with the return.

Please call if you have any questions.

Very truly yours,

WM. R. DEMERS & CO., CPA'S, PA

Dear Sirs -

I just found this form under the attached which I was not to mail for several months. This is my first time to file as I just purchased the business. Sorry. ETC.

CLIENT