



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90009 033 ***150.00

DOCUMENT # P06000145545					
1. Entity Name SUTURE TECH, INC.					
Principal Place of Business 4704 STONEBRIAR DRIVE OLDSMAR, FL 34677			Mailing Address 4704 STONEBRIAR DRIVE OLDSMAR, FL 34677		
2. Principal Place of Business - No P.O. Box # 2997 POST ROCK COURT		3. Mailing Address 2997 POST ROCK COURT			
Suite, Apt. #; etc.		Suite, Apt. #; etc.		04032007 Chg-P CR2E034 (12/06)	
City & State TARPON SPRINGS, FL		City & State TARPON SPRINGS, FL		4. FEI Number 20-5992985	
Zip 34688 Country USA		Zip 34688 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEER, GARY V 4704 STONEBRIAR DRIVE OLDSMAR, FL 34677			7. Name and Address of New Registered Agent Name GARY VANMEER Street Address (P.O. Box Number is Not Acceptable) 2997 POST ROCK COURT City TARPON SPRINGS FL Zip Code 34688		
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>Gary VanMeer</i></u> DATE <u>4/2/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O MEER, GARY V <input type="checkbox"/> Delete 4704 STONEBRIAR DRIVE OLDSMAR, FL 34677				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O POWERS, DAVID <input type="checkbox"/> Delete 9 PARK DRIVE MENANDS, NY 12204				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VANMEER, GARY 2997 POST ROCK COURT TARPON SPRINGS, FL 34688				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Gary VanMeer</i></u>		<u>4/2/07</u> <u>727-931-3933</u> <small>Date Daytime Phone #</small>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	