


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

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01-29-2008 90024 034 ***150.00

DOCUMENT # P07000021182					
1. Entity Name FORCE TECHNO, INC.					
Principal Place of Business 1605 N. WOODLAND BLVD DELAND, FL 32724			Mailing Address 1605 N. WOODLAND BLVD DELAND, FL 32724		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-80463833	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent INCORPORATE USA, INC. 3150 SANDY RIDGE DR CLEARWATER, FL 33761			7. Name and Address of New Registered Agent Name: Greg & Phaedra Samuel Street Address (P.O. Box Number is Not Acceptable): 5531 EAST AVE PO BOX 207 City: DeLeon Springs FL Zip Code: 32130		
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>Phaedra Samuel</i></u> DATE: <u>1-23-08</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAMUEL, GREGORY	NAME			
STREET ADDRESS	P.O. BOX 207	STREET ADDRESS			
CITY-ST-ZIP	DELEON SPRINGS, FL 32130	CITY-ST-ZIP			
TITLE	VP.S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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>Phaedra Samuel</i></u>			DATE: <u>1-23-08</u> <u>386-736-5516</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

66002029



01162008 Chg-P CR2E034 (12/06)

4. FEI Number **20-80463833** Applied For Not Applicable

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

SIGNATURE: *Phaedra Samuel* DATE: 1-23-08

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