

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21159

FILED  
Apr 16, 2004  
Secretary of State

Entity Name: TECHNICORP (INC.)

**Current Principal Place of Business:**

646 EYSTER BLVD.  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

646 EYSTER BLVD.  
ROCKLEDGE, FL 32955

**New Mailing Address:**

FEI Number: 22-2194032      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DUGAN, W. DAVID  
1090 NORTH A1A  
P.O. BOX 3325, 32903-3325  
INDIANLANTIC, FL 32903

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TOMASULO, WALTER,  
Address: 899 JEFFERSON ROAD  
City-St-Zip: ROCKLEDGE, FL

Title: VST ( ) Delete  
Name: STUART, COLLEEN M.,  
Address: 899 JEFFERSON ROAD  
City-St-Zip: ROCKLEDGE, FL

Title: D ( ) Delete  
Name: STUART, COLLEEN M.,  
Address: 899 JEFFERSON ROAD  
City-St-Zip: ROCKLEDGE, FL

Title: D ( ) Delete  
Name: DUNPHY, RICHARD T.,  
Address: 61 CLARK AVENUE  
City-St-Zip: RUTHERFORD, NJ

Title: D ( ) Delete  
Name: SCHNEIDER, STEPHEN,  
Address: 10 W 74TH ST  
City-St-Zip: NEW YORK, NY

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLLEEN M. STUART

VP

04/16/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date