

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 21, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000013751**

1. Entity Name  
**F L TECHNICAL SERVICE, INC.**



Principal Place of Business  
**375 COMMERCE WAY  
105  
LONGWOOD, FL 32750 US**

Mailing Address  
**375 COMMERCE WAY  
105  
LONGWOOD, FL 32750 US**



09172004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2888660**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CONIGLIO, CURT  
375 COMMERCE WAY  
UNIT 105  
LONGWOOD, FL 32750**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
**P**  
NAME  
**CONIGLIO, CURT**  
STREET ADDRESS  
**375 COMMERCE WAY**  
CITY- ST- ZIP  
**LONGWOOD, FL**

TITLE  
**VP**  
NAME  
**OLIVER, THOMAS R**  
STREET ADDRESS  
**2114 KEWANNEE TRAIL**  
CITY- ST- ZIP  
**CASSELBERRY, FL 32707**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/12/04**  
Date

**407 923 9196**  
Daytime Phone #