

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90021 030 ***150.00

DOCUMENT # P93000022850 1. Entity Name FLORIDA TECHNOLOGY MANAGEMENT, INC.																													
Principal Place of Business 4300 NW 23 AVE GAINESVILLE, FL 32606 US			Mailing Address 4300 NW 23 AVE GAINESVILLE, FL 32606 US																										
2. Principal Place of Business Suite, Apt. #, etc. Suite 530			3. Mailing Address Suite, Apt. #, etc. Suite 530																										
City & State 			City & State 																										
Zip 		Country 		4. FEI Number 59-3182467																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent MOYER, ERNEST H 4300 NW 23 AVE STE 530 GAINESVILLE, FL 32606			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PDST</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MOYER, ERNEST H</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4300 NW 23 AVE STE 530</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GAINESVILLE, FL</td> <td></td> </tr> </table>			TITLE	PDST	<input type="checkbox"/> Delete	NAME	MOYER, ERNEST H		STREET ADDRESS	4300 NW 23 AVE STE 530		CITY-ST-ZIP	GAINESVILLE, FL		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify 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 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>ERNEST MOYER Pres.</u> 3/9/04 (352) 514-7687 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													