

# ANNUAL REPORT

DOCUMENT # P93000037508

1. Entity Name  
TECHNICAL PROFESSIONAL RESOURCES, INC.



**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90058 028 \*\*\*150.00

Principal Place of Business  
12092 SUGAR PINE TRAIL  
WELLINGTON, FL 33414

Mailing Address  
12092 SUGAR PINE TRAIL  
WELLINGTON, FL 33414



03022004 No Chg-P CP2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0415206

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

HUBER, JOSEPH  
12092 SUGAR PINE TRAIL  
WELLINGTON, FL 33414

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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  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HUBER, JOSEPH
STREET ADDRESS	12092 SUGAR PINE TR
CITY-ST-ZIP	WEST PALM BEACH, FL Wellington FL 33414
TITLE	V
NAME	HUBER, AARON
STREET ADDRESS	12092 SUGAR PINE TR
CITY-ST-ZIP	WEST PALM BEACH, FL Wellington FL 33414
TITLE	T
NAME	HUBER, CINDA
STREET ADDRESS	12092 SUGAR PINE TR
CITY-ST-ZIP	WEST PALM BEACH, FL Wellington FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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: *Joseph W. Huber* Joseph W. Huber

3/2/2004

561-790-0158