

ANNUAL REPORT

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

03-09-2004 90058 028 ***150.00

DOCUMENT # P93000037508

1. Entity Name
TECHNICAL PROFESSIONAL RESOURCES, INC.



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

Mailing Address
**12092 SUGAR PINE TRAIL
 WELLINGTON, FL 33414**

DO NOT WRITE IN THIS SPACE



03022004 No Chg-P CR2E034 (10/03)

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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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. **\$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	W PALM BEACH, FL Wellington FL 33414
TITLE	T
NAME	HUBER, CINDA
STREET ADDRESS	12092 SUGAR PINE TR
CITY-ST-ZIP	W PALM BEACH, FL Wellington FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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: Joseph W. Huber **Joseph W. Huber** 3/2/2004 561-790-0158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Florida Phone #