

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000062577

1. Entity Name

TENDASOFT, INC.



Principal Place of Business

**1001 VISION DRIVE
VAN WERT OH 45891
US**

Mailing Address

**P.O. BOX 635
VAN WERT OH 45891
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number **34-1754079**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** ☐ **Delete**
NAME **DAFOE, KENNETH F**
STREET ADDRESS **10621 GREENVILLE ROAD**
CITY - ST - ZIP **VAN WERT OH**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS **U000000045080**
CITY - ST - ZIP **02/11/04-80045-025 150.00**

TITLE **P** ☐ **Delete**
NAME **DAFOE, DEREK D**
STREET ADDRESS **1056 LINDEN DRIVE**
CITY - ST - ZIP **VAN WERT OH**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **ST** ☐ **Delete**
NAME **DAFOE, HEATHER M**
STREET ADDRESS **10621 GREENVILLE ROAD**
CITY - ST - ZIP **VAN WERT OH**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **D** ☐ **Delete**
NAME **BURL, MORRIS G**
STREET ADDRESS **826 FORT JENNINGS RD**
CITY - ST - ZIP **DELPHOS OH 45833-1377**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **D** ☐ **Delete**
NAME **MCCRACKEN, GEORGE**
STREET ADDRESS **404 LINDA ST**
CITY - ST - ZIP **VAN WERT OH 45891**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **D** ☐ **Delete**
NAME **THATCHER, HARVEY**
STREET ADDRESS **135 E. CENTRAL**
CITY - ST - ZIP **VAN WERT OH 45891**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

Heather M. Dafoc

Heather M. Dafoc ST Feb 6, 2004

419-238-7975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #