04/28/2004 02:41 7278490708 EDWARD ANTON

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90178 005 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P94000036102

1. Entity Name

ACCU-TECH INTERNATIONAL INC.

Principal Place of Business	Mailing Address
257 ORIANA DR SPRINGHILL FL 34609 US	257 ORIANA DR SPRINGHILL FL 34609 US

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
16642 US Hwy 19 N.	16641 CARACARA Ct.
Suite, Apt. #, etc. Hudson	Suite, Apt. #, etc. SPRING Hill
City & State FL	City & State FL
34669 Country PASCO	34610 Country PASCO

4. FEI Number 59-3248930 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOCKUS, STANLEY L.
257 ORIANA DR
SPRINGHILL FL 34609

7. Name and Address of New Registered Agent

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 reinstating) 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 Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☑ Change ☐ Addition Address
NAME	MOCKUS, STANLEY L.		NAME		
STREET ADDRESS	257 ORIANA DR		STREET ADDRESS	16641 CARACARA CT	
CITY-ST-ZIP	SPRINGHILL FL 34609		CITY-ST-ZIP	Spring hill Fl 34610	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Stanley L Mockus 2-29-04 1-727-863-9996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #