2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000065488

TECH CONSULTING, INC.

Principal Place of Business

980 SUNSHINE LN

SUITE U

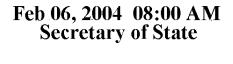
ALTAMONTE SPRINGS, FL 32714

Mailing Address

980 SUNSHINE LN

SUITE U

ALTAMONTE SPRINGS, FL 32714



FILED



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4. FEI Number 59-3259430 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (10/03)

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

CASTIGLIONE, CHARLES 1407 MINK DRIVE APOPKA, FL 32703

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No Chg-P

| | . The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the the obligations of registered agent. | State of Florida. | I am familiar with, and accept |
|-----|---|-------------------|--------------------------------|
| Sit | GNATURE | | |

(NOTE, Registered Agent signature required when reinstating)

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 | 1 |
|---------------------------------------|--|-------------|
| TITLE NAME STREET ADDRESS CITY-ST-JIP | D CASTIGLIONE, CHARLES 1407 MINK DRIVE APOPKA, FL 32703 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TATLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME | | |

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12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(0), 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.

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP

SIGNATURE: Chales Castiglish CHARLES CASTI GLI DNE