2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# P94000073077

Entity Name: PRO TECH COMMUNICATIONS, INC.

Current Principal Place of Business:

4492 OKEECHOBEE RD.
ORANGE BLOSSOM MALL
FT. PIERCE, FL 34947

New Principal Place of Business:

Current Mailing Address:

4492 OKEECHOBEE RD.
ORANGE BLOSSOM MALL
FT. PIERCE, FL 34947

New Mailing Address:

FEI Number: 59-3281593 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RICHARD HENNESSEY,
Address: 5410 W ECHO PINES CIR
City-St-Zip: FT PIERCE, FL

Title: COBD ( ) Delete
Name: LARKIN, KEITH
Address: 2800 NORTH A1A
City-St-Zip: FORT PIERCE, FL 34949

Title: D ( ) Delete
Name: HAMMOND, CY
Address: 20 KETCHUM STREET
City-St-Zip: WESTPORT, CT 06880

Title: T ( ) Delete
Name: KIRVEN, DEBRA
Address: 20 KETCHUM STREET
City-St-Zip: WESTPORT, CT 06880

Title: S ( ) Delete
Name: MELNICK, MARK
Address: 20 KETCHUM ST
City-St-Zip: WESTPORT, CT 06880

Title: D ( ) Delete
Name: LEBOVICS, IRENE
Address: 20 KETCHUM STREET
City-St-Zip: WESTPORT, CT 06880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: LARKIN, KEITH
Address: 2800 NORTH A1A
City-St-Zip: FORT PIERCE, FL 34949

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: COBD (X) Change ( ) Addition
Name: LEBOVICS, IRENE
Address: 20 KETCHUM STREET
City-St-Zip: WESTPORT, CT 06880

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA KIRVEN T 04/27/2004
Electronic Signature of Signing Officer or Director Date

MICHAEL PARRELLA, DIRECTOR
20 KETCHUM STREET
WESTPORT, CT 06880