2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State
02-24-2004 90019 006 ***150.00

DOCUMENT # P94000089701

1. Entity Name
SOFTECH SOLUTIONS, INC.

66404873

MOORE CR2E034 (11/03)

Principal Place of Business	Mailing Address
300 NORTH CR 427 STE 100 LONGWOOD FL 32750 US	300 NORTH CR 427 STE 100 LONGWOOD FL 32750 US
2. Principal Place of Business: 300 North Ronald Regan Blvd	3. Mailing Address: 300 North Ronald Regan Blvd
Suite, Apt. #, etc.: STE 310	Suite, Apt. #, etc.: STE 310
City & State: Longwood	City & State: Longwood
Zip: 32750 Country: Seminole	Zip: 32750 Country: Seminole

4. FEI Number 59-3288531 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TORREY, WILLIAM J
300 NORTH CR 427
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 300 North Ronald Regan Blvd
STE 310
City Longwood FL Zip Code 32750

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] 2/3/2004
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
NAME	TORREY, WILLIAM J		NAME	
STREET ADDRESS	697 CANOPY COURT		STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MERRILL, RONNIE L		NAME	
STREET ADDRESS	607 BIRCH BLVD		STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		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	
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	
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: [signature] 3/3/2004 407-331-8324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #