

2005 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 01, 2005 8:00 am
Secretary of State

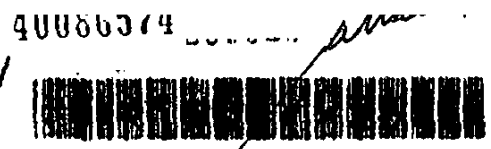
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DOCUMENT # P94000091924

1. Entry Name
TECHNICAL WRITING SERVICE OF LAKE COUNTY, INC.

Principal Place of Business
4000 TREASURE ISLAND RD
LEESBURG FL 34708

54 BEVERLY DR
SOMERS CT 06071



DO NOT WRITE IN THIS SPACE

3. Principal Place of Business
State, Apt. #, etc.
City & State
Zip Country

4. FF Number: 59-3290308
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
B&C CORPORATE SERVICES OF CENTRAL FLORIDA
380 NORTH ORANGE AVE
SUITE 1100
ORLANDO FL 32801

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Not Permitted)
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.
SIGNATURE
Signature of principal place of registered agent and type of signature
Date

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so:
10. Election Campaign Financing - Trust Fund Contribution: \$6.00 may be Added to Fees
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2005 Fee will be \$550.00
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS BY 11	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Add/Adj
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Add/Adj
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Add/Adj

13. I hereby certify that the information supplied with this filing complies with the requirements of the Uniform Business Reporting Act of 1996, and that the 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 11 or Block 12 if changed, or in an attachment with an address, with all other information required.

SIGNATURE: *Donald E Hepler* PRESIDENT 5/1/05 860749 2001
Date: 5/1/05
Overline Please 1