## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Jan 29, 2004 8:00 am Secretary of State DOCUMENT # P96000019145 ... 1. Entity Name 01-29-2004 90022 009 \*\*\*150.00 SUNTECH INDUSTRIES, INC. Principal Place of Business Mailing Address 600 BYPASS DR , STE 144 CLEARWATER FL 33764 600 BYPASS DR , STE 144 CLEARWATER FL 33764 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3365313 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DiFrisco BOZMOSKI, JOHN JR Box Number is Not Acceptable) 600 BYPASS DR. Bypass Dr STE. 215 **CLEARWATER FL 33764** City 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. the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PST** TITLE TITLE Delete ☐ Addition DIFRISCO, MARIE C NAME NAME 1918 COVE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33764** CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE ☐ Change ☐ Addition SIPILA, WALTER J NAME NAME STREET ADDRESS 106 1ST AVE. STREET ADDRESS MANASQUAN NJ 08736 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE 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 nn e ☐ Change Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP 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

**FILED** 

Jana C SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered