


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000031770 1. Entity Name E-TECH SYSTEMS, INC.	
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Principal Place of Business 3802 E 8TH AVE TAMPA, FL 33605-4509	Mailing Address 3802 E 8TH AVE TAMPA, FL 33605-4509
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DO NOT WRITE IN THIS SPACE



02042004 No Chg-P CR2E034 (10/03)

4. FE# Number 59-3378090	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DIAZ, JOSEPH L
2522 W KENNEDY BOULEVARD
TAMPA, FL 33609**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when transferring) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CELEIRO, ERICK A 2117 W KENNEDY BOULEVARD TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CLARKE, PATRICK B 2117 W KENNEDY BOULEVARD TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MEYER, ANDREW E 2117 W KENNEDY BLVD TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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02/23/04-80153-024 150.00

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 Patrick B. Clarke 2-18-04 (813) 247-2969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #