

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90048 031 ***150.00

DOCUMENT # P96000041614 1. Entity Name TECH GEAR, INC.			
Principal Place of Business 3100 BONNETT CREEK RD AVON PARK, FL 33825 US		Mailing Address 3100 BONNETT CREEK ROAD AVON PARK, FL 33825 US	
2. Principal Place of Business 3215 N Horseshoe Dr <small>Suite, Apt. #, etc.</small>		3. Mailing Address 3215 N Horseshoe Dr <small>Suite, Apt. #, etc.</small>	
City & State AVON PARK FL		City & State Avon Park FL	
Zip 33825		Zip 33825	
Country USA		Country USA	
4. FEI Number 65-0670360		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 STATLER, PHILLIP W 3531 US 27 SOUTH SBNG SEBRING, FL 33870		7. Name and Address of New Registered Agent Name Helms, Gary T Street Address (P.O. Box Number is Not Acceptable) 3215 N Horseshoe Dr City Avon Park FL Zip Code 33825	
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: <u><i>Gary T. Helms</i></u> DATE: <u>1-17-05</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PTSD HELMS, GARY T 3100 BONNETT CREEK ROAD AVON PARK, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PTSD Helms, Gary T 3215 N Horseshoe Dr Avon Park FL 33825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Gary T. Helms</i></u> GARY T. Helms		DATE: <u>1-17-05</u> DAYTIME PHONE: <u>863-453-4902</u>	