

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90084 005 ***150.00

DOCUMENT # P97000003888 1. Entity Name 3D TEK INFORMATION SYSTEMS, INC.	
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Principal Place of Business 138 BUSHNELL PLAZA SUITE 202 BUSHNELL, FL 33513 US	Mailing Address 138 BUSHNELL PLAZA SUITE 202 BUSHNELL, FL 33513 US
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04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3423199	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

OWEN, IVETTE M
138 BUSHNELL PLAZA
SUITE 202
BUSHNELL, FL 33513

**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 _____

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC OWEN, IVETTE M 138 BUSHNELL PLAZA, SUITE 202 BUSHNELL, FL 33513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OWEN, EMIL W 138 BUSHNELL PLAZA, SUITE 202 BUSHNELL, FL 33513
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ivette Owen

4/30/07