


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000035891</b>	
1. Entity Name <b>FIRSTTECH SERVICES, INC.</b>	

Principal Place of Business <b>5629 HWY 60 E BARTOW, FL 33830</b>	Mailing Address <b>P.O. BOX 2659 BARTOW, FL 33831-2659</b>
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3442532</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>LANCASTER, JOHN J 500 SOUTH FLORIDA AVENUE LAKELAND, FL 33801</b>	

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000810467 02/08/08-80065-012 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUNDEAN, DEBORAH R 5404 OVERLOOK POINT LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUNDEAN, DOUGLAS R 5404 OVERLOOK POINT LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SUNDEAN, DAVID R 2292 GARDEN CHASE DR LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SLATEN, KRISTINE V 3015 CROSS FOX DR MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.	
<b>SIGNATURE:</b> <i>Deborah R. Sundean</i> <b>Deborah R. Sundean</b>	<b>1/30/08 (863) 537-1377</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone</small>