

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P97000055309

1. Entity Name

TECK // TRONS INCORPORATED



**FILED
Mar 28, 2006 8:00 am
Secretary of State**

03-28-2006 90136 006 ***158.75



1st MOORE CR2E034 (10/05)

Principal Place of Business		Mailing Address	
418 NORTH PINE HILLS ROAD, STE E ORLANDO FL 32811 US		418 NORTH PINE HILLS ROAD, STE E ORLANDO FL 32811 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-3598695	Applied For
		Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DAVIS, MARK D 6416 POWERS POINTE CIRCLE ORLANDO FL 32808		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS DAVIS, MARK D 6476 POWERS POINTE CIR ORLANDO FL 32818	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.V.T.S.C.D.M. MARK D. DAVIS 6416 POWERS POINTE CIRCLE ORLANDO FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Mark Davis* MARK DAVIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-06 407-296-7376

Daytime Phone #