2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000103542

1. Entity Name
TECHPLAN CORPORATION

Principal Place of Business	Mailing Address
308 TEQUESTA DRIVE SUITE 27 TEQUESTA, FL 33469	308 TEQUESTA DRIVE SUITE 27 TEQUESTA, FL 33469

04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0798192
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U00000131290
04/26/04-80148-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MATTEUCCI, ROBERT M
STREET ADDRESS	308 TEQUESTA DR. #27
CITY-ST-ZIP	TEQUESTA, FL 33429
TITLE	D
NAME	STUMP, JERRY D
STREET ADDRESS	12000 LINCOLN DR. W. #107
CITY-ST-ZIP	MARLTON, NJ 08053
TITLE	VPS
NAME	HUGHES, JEFFREY S
STREET ADDRESS	12000 LINCOLN DR. W.#107
CITY-ST-ZIP	MARLTON, NJ 08053
TITLE	AS
NAME	INVERSO, LOUISE M
STREET ADDRESS	12000 LINCOLN DR. W.#107
CITY-ST-ZIP	MARLTON, NJ 08053
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 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: _____ 4.22.04 856 751 1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #