

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P97000103542 1. Entity Name TECHPLAN CORPORATION	
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Principal Place of Business 308 TEQUESTA DRIVE SUITE 27 TEQUESTA, FL 33469	Mailing Address 308 TEQUESTA DRIVE SUITE 27 TEQUESTA, FL 33469
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DO NOT WRITE IN THIS SPACE



04222004 No Chg-P CR2E034 (10/03)

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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**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.

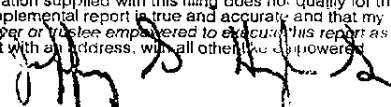
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	U000000131290 04/26/04-80148-025 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATTEUCCI, ROBERT M 308 TEQUESTA DR. #27 TEQUESTA, FL 33429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUMP, JERRY D 12000 LINCOLN DR. W. #107 MARLTON, NJ 08053
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HUGHES, JEFFREY S 12000 LINCOLN DR. W.#107 MARLTON, NJ 08053
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS INVERSO, LOUISE M 12000 LINCOLN DR. W.#107 MARLTON, NJ 08053
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 powers.

SIGNATURE:  **4-22-04** **856-751-1111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #