

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000001380	
1. Entity Name ANTECH COMMUNICATIONS, INC.	

Principal Place of Business 2524 WEST DOUGLAS STREET TAMPA, FL 33607	Mailing Address 2524 WEST DOUGLAS STREET TAMPA, FL 33607
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DO NOT WRITE IN THIS SPACE



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3486897	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DIAZ, JOSEPH L 2522 WEST KENNEDY BLVD TAMPA, FL 33609

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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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	02/02/06-80022-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GONZALEZ, LILLYANN M 2524 WEST DOUGLAS STREET TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GONZALEZ, ANGELO R 2524 WEST DOUGLAS STREET TAMPA, FL 33607
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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 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:  Lillyann M. Gonzalez	1/22/06	813-494-4150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #