

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90187 046 \*\*\*150.00

**50036305**



<b>DOCUMENT # P98000004392</b> 1. Entity Name <b>HIGH-TECH COMMUNICATIONS CONSULTING, INC.</b>																																	
Principal Place of Business <b>4201 W. AZEELE ST. TAMPA, FL 33609</b>			Mailing Address <b>4201 W. AZEELE ST. TAMPA, FL 33609</b>																														
2. Principal Place of Business <b>1003A W. HORATIO ST.</b> Suite, Apt. #, etc.		3. Mailing Address <b>1003A W. HORATIO ST.</b> Suite, Apt. #, etc.		03212005    Chg-P    CR2E034 (10/03)																													
City & State <b>TAMPA, FL</b>		City & State <b>TAMPA, FL</b>		4. FEI Number <b>22-3437895</b>																													
Zip <b>33606</b>		Country <b>HILLS.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																													
6. Name and Address of Current Registered Agent  <b>ESCHER, BARBARA K 4201 W. AZEELE ST. TAMPA, FL 33609</b>				7. Name and Address of New Registered Agent Name <b>BARBARA K. ESCHER</b> Street Address (P.O. Box Number is Not Acceptable) <b>1003A W. HORATIO ST.</b>  City <b>TAMPA</b> <b>FL</b> Zip Code <b>33606</b>																													
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: <u><i>Barbara K. Escher</i></u> DATE: <u>4/1/2005</u> <small>Signature, print or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)</small>																																	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <b>P ESCHER, BARBARA K 4201 W. AZEELE ST. TAMPA, FL 33609</b> <div style="text-align: right;"><input type="checkbox"/> Delete</div> </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P ESCHER, BARBARA K 4201 W. AZEELE ST. TAMPA, FL 33609</b> <div style="text-align: right;"><input type="checkbox"/> Delete</div>													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <b>Address change</b>    <input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition  <b>1003A W. HORATIO ST. TAMPA, FL 33606</b> </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Address change</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1003A W. HORATIO ST. TAMPA, FL 33606</b>												
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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: <u><i>Barbara K. Escher</i></u> DATE: <u>4/1/2005</u> DAYTIME PHONE: <u>813-250-0185</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																	