

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

STATEMENT # P98000007926

MANAGEMENT TECHNOLOGIES OF FLORIDA,



Principal Place of Business

13703 17TH ST  
DADE CITY, FL 33525

Mailing Address

13703 17TH ST  
DADE CITY, FL 33525



01032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3483353

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALLEN, KATHERINE  
30338 DEER RUN  
DADE CITY, FL 33523

**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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEOD  
ALLEN, KATHERINE  
30338 DEER RUN  
DADE CITY, FL 33523

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
ALLEN, C. RICHARD  
30338 DEER RUN  
DADE CITY, FL 33523

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MANN, LESTER H  
30338 DEER RUN  
DADE CITY, FL 33523

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ALLEN, C. TIMOTHY  
30338 DEER RUN  
DADE CITY, FL 33523

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000354232  
05/03/05-80100-004 150.00

**DO NOT WRITE  
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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05 352-521-4002  
Date Daytime Phone