

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000014673

1. Entity Name  
GROUPE 5 TECH, INCORPORATED



Principal Place of Business

14605 49TH ST N 13  
CLEARWATER, FL 33762-2837

Mailing Address

14605 49TH ST N 13  
CLEARWATER, FL 33771-1416

**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90015 012 \*\*\*550.00



02102004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3509957

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SCHOLZ, RICHARD H  
1215 WILLOWICK CIRCLE  
SAFETY HARBOR, FL 34695

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BREWER, RONALD
STREET ADDRESS	585 FOREST PKWY E
CITY-ST-ZIP	LARGO, FL
TITLE	VP
NAME	SCHOLZ, RICHARD
STREET ADDRESS	1215 WILLOWICK CR SAFETY
CITY-ST-ZIP	HARBOR, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(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:

*Richard H. Scholz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/04 727/533-9889  
Date Daytime Phone #