

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000046534	
1. Entity Name TECHNOCEAN, INC.	

Principal Place of Business 820 NE 24TH LANE #112 CAPE CORAL, FL 33909	Mailing Address 820 NE 24TH LANE #112 CAPE CORAL, FL 33909
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DO NOT WRITE IN THIS SPACE



03172004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0853714	Applied For Not Applicable
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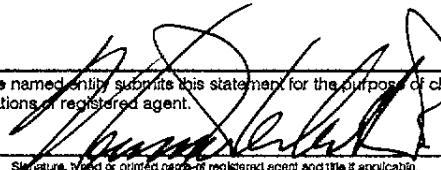
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**WHITE, HENRY J
4309 S.E. 18TH PLACE
CAPE CORAL, FL 33904**

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:  DATE: **3/17/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

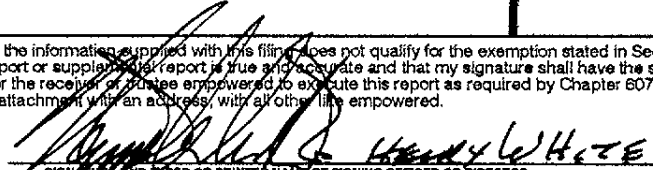
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, HENRY J 4309 S.E. 18TH PLACE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WINGENROTH, JEFFREY 1650 EDITH ESPLANADA CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WHITE, PATRICIA J 4309 S.E. 18TH PLACE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1000000093814
03/22/04-80034-009 150.00

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 supplied in this 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:  DATE: **3/17/04** DAYTIME PHONE: **239-772-9067**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR