

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000071402

1. Entity Name
UNITEC SALES, INC.



Principal Place of Business

P.O. BOX 1085
OCOE, FL 34761

Mailing Address

P.O. BOX 1085
OCOE, FL 34761

DO NOT WRITE IN THIS SPACE



03112004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3532674

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TORRES, DANNIE D
7630 FLORIDA BOYS RANCH ROAD
GROVELAND, FL 34736

**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 Dannie D Torres

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**

U000000089180
03/15/04-80081-023 158.75

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STEPHENSON, VERNON M
STREET ADDRESS P.O. BOX 1085 N/A
CITY-ST-ZIP OCOE, FL 34761

TITLE TD
NAME TORRES, WILLIAM D
STREET ADDRESS P.O. BOX 1085 N/A
CITY-ST-ZIP OCOE, FL 34761

TITLE SD
NAME TORRES, DANNIE D
STREET ADDRESS P.O. BOX 1085 N/A
CITY-ST-ZIP OCOE, FL 34761

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.M. STEPHENSON

Date

3-12-04

Daytime Phone #

866-278-0106

912-285-9212