


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

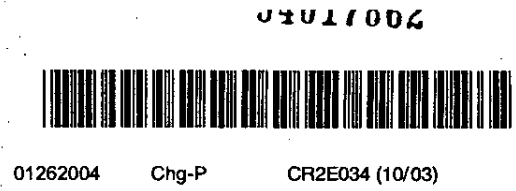
**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90022 039 \*\*\*150.00

<b>DOCUMENT # P98000073449</b>	
<b>1. Entity Name</b> DOCUMENT TECHNOLOGIES, INC.	

<b>Principal Place of Business</b> 5665 CYPRESS GARDENS BLVD. SUITE 5017 WINTER HAVEN, FL 33884 US	<b>Mailing Address</b> 5665 CYPRESS GARDENS BLVD. SUITE 5017 WINTER HAVEN, FL 33884 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



<b>6. Name and Address of Current Registered Agent</b>	
WIGGINS, DAVID 5665 CYPRESS GARDENS BLVD. SUITE 5017 WINTER HAVEN, FL 33884	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable) 595 Cypress Gardens Blvd	
Suite 310	
City Winter Haven	FL Zip Code 33880

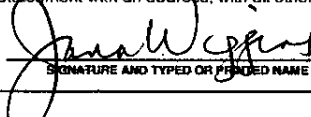
**8.** The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

<b>SIGNATURE</b> 	<b>DATE</b> 2/23/04
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIGGINS, DAVID 595 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST WIGGINS, JANA 595 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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.

<b>SIGNATURE:</b> 	<b>DATE</b> 2/23/04	<b>DAYTIME PHONE #</b> 8633266360
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