


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000086875	
1. Entity Name PERMATECH SYSTEMS INC.	

Principal Place of Business 1357 LE PERA ROAD ENGLEWOOD, FL 34223	Mailing Address 1357 LE PERA ROAD ENGLEWOOD, FL 34223
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DO NOT WRITE IN THIS SPACE



03182003 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0868920	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

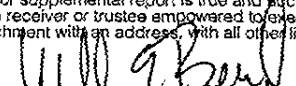
6. Name and Address of Current Registered Agent BERSCH, WILLIAM 1357 LE PERA ROAD ENGLEWOOD, FL 34223	DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, 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 \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		000000161454 05/25/04-80001-002 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BERSCH, WILLIAM E 1357 LE PERA RD ENGLEWOOD, FL 34223	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BERSCH, PATRICIA J 1357 LE PERA RD ENGLEWOOD, FL 34223	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		

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:  **5-1-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #