

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90022 009 \*\*\*150.00

**DOCUMENT # P98000092238**

1. Entity Name

PHILOTEK, INC.



Principal Place of Business

5445 W CYPRESS ST  
SUITE 300  
TAMPA FL 33607  
US

Mailing Address

5445 W CYPRESS ST  
SUITE 300  
TAMPA FL 33607  
US

2. Principal Place of Business

3111 W. Martin Luther King Blvd

3. Mailing Address

3111 W. Mck Jr. Blvd

Suite, Apt. #, etc.

360

Suite, Apt. #, etc.

360

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33607

Country

USA

Zip

33607

Country

USA

4. FEI Number

59-3546968

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALLACE, THOMAS E  
4810 WOODMERE RD  
TAMPA FL 33609-3633

7. Name and Address of New Registered Agent

Name

Steven G. Tingiris III

Street Address (P.O. Box Number is Not Acceptable)

10110 Downey Lane

City

Tampa

FL

Zip Code

33624

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]*  
Signature, typed or printed name of registered agent and title if applicable.

Steve Tingiris, Owner  
(NOTE: Registered Agent signature required when reinstating)

DATE

2/9/04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME TINGIRIS, STEVEN G III  
STREET ADDRESS 10110 DOWNEY LANE  
CITY-ST-ZIP TAMPA FL 33626

TITLE CEO ☒ Delete  
NAME WALLACE, THOMAS E  
STREET ADDRESS 5445 W CYPRESS ST SUITE 300  
CITY-ST-ZIP TAMPA FL 33607

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*[Signature]* Steve Tingiris, Owner  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/04  
Date

(813) 264-4153  
Daytime Phone #