

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2004 8:00 am
Secretary of State

06-09-2004 90002 023 ***158.75

DOCUMENT # P98000094513



1. Entity Name
MEGATEAM, INC.

Principal Place of Business
3845 OLD TAMPA HWY
LAKELAND, FL 33811

Mailing Address
3845 OLD TAMPA HWY
LAKELAND, FL 33811

44046378



2. Principal Place of Business

3. Mailing Address

3845 Old Tampa Hwy

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03212003

Chg-P

CR2E034 (10/03)

City & State

Lakeland

City & State

Same

Zip

33811

Country

Polk

Zip

Same

Country

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETERS, MARIE
3845 OLD TAMPA HWY
LAKELAND, FL 33811

Name

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

Same

City

FL

Zip Code

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

Marie B. Peters

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.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
PETERS, MARIE
3845 OLD TAMPA HWY
LAKELAND, FL 33811 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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PETERS, TOM
3845 OLD TAMPA HWY
LAKELAND, FL 33811 ☐ Delete

TITLE
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3845 OLD TAMPA HWY
LAKELAND, FL 33811 ☐ Delete

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PETERS, NANCY
3845 OLD TAMPA HWY
LAKELAND, FL 33811 ☐ Delete

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☐ Change ☐ 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.

SIGNATURE:

Marie B. Peters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 4, 2004

Date

Daytime Phone #

Attachment

44046378
798 000094513

Dear Sirs,

You should have received a
Card in Jan. from us with
the option to file online or
return the card for a form
to be mailed to you. If
you did not receive the form,
Please accept our apologies.
However, you can file by mail
if you would like. Just return
this form ~~and~~ your check.

- Karina,

Thank
Reinstatements
Marie Peter