

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000033269

1. Entity Name
TECHGROUP 21, INC.



Principal Place of Business
**26845 HAVERHILL DRIVE
LUTZ, FL 33559**

Mailing Address
**26845 HAVERHILL DRIVE
LUTZ, FL 33559**



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	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

**FARRELL, BARBARA
26845 HAVERHILL DRIVE
LUTZ, FL 33559**

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FARRELL, BARBARA
STREET ADDRESS	26845 HAVERHILL DRIVE
CITY-ST-ZIP	LUTZ, FL 33559

TITLE	VP
NAME	FARRELL, WILLIAM
STREET ADDRESS	26845 HAVERHILL DRIVE
CITY-ST-ZIP	LUTZ, FL 33559

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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05/04/04-80137-021 150.00

**DO NOT WRITE
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

5-1-04 813-293-0969
Date Daytime Phone #