

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90047 043 \*\*\*150.00

**DOCUMENT # P99000095058**

1. Entity Name  
D-TECH ENTERPRISES, INC.



Principal Place of Business  
12078 CRANEFOOT DRIVE  
JACKSONVILLE, FL 32223

Mailing Address  
12078 CRANEFOOT DRIVE  
JACKSONVILLE, FL 32223

40061100



04102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3608469

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

HIKE, DAVID  
12078 CRANEFOOT DRIVE  
JACKSONVILLE, FL 32223

**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 \$150.00**  
**After May 1, 2007 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 **HIKE, DAVID**  
STREET ADDRESS **12078 CRANE FOOT DRIVE**  
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE **T**  
NAME **HIKE, KAREN K**  
STREET ADDRESS **12078 CRANEFOOT DR**  
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exceptions contained in Chapter 119, 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: David Hike David Hike  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/2007 (904) 262-8255  
Date Daytime Phone #