

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90250 005 \*\*\*150.00

**DOCUMENT # S02312**

1. Entity Name  
**TECHNOLOGY PARK, INC.**



Principal Place of Business  
**395 COMMERCIAL CT  
STE A  
VENICE, FL 34292 US**

Mailing Address  
**395 COMMERCIAL CT  
STE A  
VENICE, FL 34292 US**

**94075484**



2. Principal Place of Business  
**333 S. Tamiami Trail**

3. Mailing Address  
**333 S. Tamiami Trail**

Suite, Apt. #, etc.  
**Suite 101**

Suite, Apt. #, etc.  
**Suite 101**

01072004 Chg-P CR2E034 (10/03)

City & State  
**Venice, FL**

City & State  
**Venice, FL**

4. FEI Number  
**65-0221757**

Applied For  
Not Applicable

Zip Country  
**34285 Sarasota**

Zip Country  
**34285 Sarasota**

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

**MILLER, MICHAEL W.  
395 COMMERCIAL CT  
STE A  
VENICE, FL 34292**

Name

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

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

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, 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 NAME VP ☐ Delete  
**SMITH, MARC P.**  
STREET ADDRESS **395 COMMERCIAL CT, STE A**  
CITY-ST-ZIP **VENICE, FL 34292**

TITLE NAME PD ☐ Delete  
**MILLER, MICHAEL W.**  
STREET ADDRESS **395 COMMERCIAL CT, STE A**  
CITY-ST-ZIP **VENICE, FL 34292**

TITLE NAME VDS ☐ Delete  
**PARRISH, JAYNE E**  
STREET ADDRESS **395 COMMERCIAL CT, STE A**  
CITY-ST-ZIP **VENICE, FL 34292**

TITLE NAME VPD ☐ Delete  
**MILLER, T D**  
STREET ADDRESS **395 COMMERCIAL CT, STE A**  
CITY-ST-ZIP **VENICE, FL 34292**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME VP - Smith, Marc. P. ☒ Change ☐ Addition  
STREET ADDRESS **333 S. Tamiami Trail, Suite 101**  
CITY-ST-ZIP **Venice, FL 34285**

TITLE NAME PD - Miller, Michael W. ☒ Change ☐ Addition  
STREET ADDRESS **333 S. Tamiami Trail, Suite 101**  
CITY-ST-ZIP **Venice, FL 34285**

TITLE NAME VDS - Parrish, Jayne E. ☒ Change ☐ Addition  
STREET ADDRESS **333 S. Tamiami Trail, Suite 101**  
CITY-ST-ZIP **Venice, FL 34285**

TITLE NAME VPD - Miller, T.D. ☒ Change ☐ Addition  
STREET ADDRESS **333 S. Tamiami Trail, Suite 101**  
CITY-ST-ZIP **Venice, FL 34285**

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

TITLE NAME ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

Date

941-441-1380

Daytime Phone #