

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90038 033 ***150.00

DOCUMENT # S32424

1. Entity Name
FLORIDA CIRTECH, INC.



Principal Place of Business
**1309 N. 17TH AVE.
GREELEY, CO 80631**

Mailing Address
**7320 GRIFFIN RD
SUITE 221
DAVIE, FL 33314**

40052142 *later than 11*



DO NOT WRITE IN THIS SPACE

01032007 No Chg-P CR2E034 (11/05)

4. FEI Number
58-1933989

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MANGAN, MICHAEL P
7320 GRIFFIN ROAD, #221
DAVIE, FL 33314**

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
SCIMECA, MICHAEL V
6200 PHEASANT CT
FT COLLINS, CO 80525**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPT
SIKORCIN, GLENN
3103 NORTHWEST ROAD
MARENGO, IL 60152**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SCIMECA, TOM
58392 RANCHO CRISTIANO
LAGUNA NIGUEL, CA 92677**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 exemptions 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/07

970-346-8002 X