

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # S69559**

1. Entity Name  
**PROTEK & ASSOCIATES, INC.**



Principal Place of Business  
**2700 NW 62 STREET  
C-109  
FORT LAUDERDALE, FL 33309 US**

Mailing Address  
**9509 S. INDIAN RIVER DR.  
FORT PIERCE, FL 34982 US**



01122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0274852</b>	Applied For Not Applicable
5. Certificate of Status Declared <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**BELGAU, ROBERT J  
9509 S INDIAN RIVER DR.  
FORT PIERCE, FL 34982**

**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, 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	DPV
NAME	BELGAU, ROBERT J
STREET ADDRESS	9509 S INDIAN RIVER DR.
CITY-ST-ZIP	FORT PIERCE, FL 34982

TITLE	ST
NAME	BELGAU, JEANNE
STREET ADDRESS	9509 S INDIAN RIVER DR.
CITY-ST-ZIP	FORT PIERCE, FL 34982

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000009275  
01/21/04-80005-002 150.00

**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 (19.07(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:

*Jeanne Belgau* Jeanne Belgau ST

1/12/04

772-873-300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #