

FOR PROFIT CORPORATION
ANNUAL REPORT

For Office Use Only

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DOCUMENT # 581717

1. Entity Name

TecTrust Realty Staffing of Florida, Incorporated



FILED

11 MAY 19 PM 2:21

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #
8707 Erie Court

Suite, Apt. #, etc.

3. Mailing Address
434 Fourth Street North

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State
Parrish, FL

City & State
St. Petersburg, FL

4. FEI Number
65-0284309

Applied For
Not Applicable

Zip
34219

Country
US

Zip
33701

Country
US

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

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7. Name and Address of Current Registered Agent

Name

Louis F. Berlanti

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

434 Fourth Street North

City

St. Petersburg

FL

Zip Code
33701

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 re-instating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

E-mail Address:

louis@tectrust.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Louis F. Berlanti
434 Fourth Street North
St. Petersburg, FL 33701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Carolyn J. Berlanti
434 Fourth Street North
St. Petersburg, FL 33701

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

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

Louis F. Berlanti, Pres 5/16/2011 727-823-2139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

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IN THIS SPACE

500207264075
05/05/11--01027--003 **\$00.00

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