

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000662

FILED  
Jun 30, 2004  
Secretary of State

Entity Name: EASTERN TECHNICAL ASSOCIATES, INC.

**Current Principal Place of Business:**

3302 ANVIL PLACE  
RALEIGH, NC 27603

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1009  
GARNER, NC 275291009

**New Mailing Address:**

FEI Number: 56-1236541      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROSE, H T  
1017 AUGUSTA DRIVE  
SUN CITY CENTER, FL 33573      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROSE, TOM  
Address: 2116 OAKTON DR.  
City-St-Zip: RALEIGH, NC 27603

Title: VS ( ) Delete  
Name: ROSE, PATRICIA S  
Address: 2116 OAKTON DR.  
City-St-Zip: RALEIGH, NC 27603

Title: T ( ) Delete  
Name: ROSE, T. PATRICK  
Address: 2116 OAKTON DR.  
City-St-Zip: RALEIGH, NC 27603

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS H. ROSE

PRES

06/30/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date