


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000001303

1. Entity Name
COM-TECH RESOURCES, INC.



Principal Place of Business Mailing Address

**3709 WESTWAY STREET, SUITE A
TYLER, TX 75703** **3709 WESTWAY STREET, SUITE A
TYLER, TX 75703**

DO NOT WRITE IN THIS SPACE



01262006 No Chg-P CR2E034 (11/05)

4. FEI Number 75-2376947	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

1100000437223
02/28/06-80031-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT TIPPLE, RALPH H 3709 WESTWAY STREET, SUITE A TYLER, TX 75703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TIPPLE, PHYLLIS A 3709 WESTWAY STREET, SUITE A TYLER, TX 75703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHEW, TAMMY 3709 WESTWAY ST SUITE A TYLER, TX 75703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOEFFNER, BRAD 3709 WESTWAY ST SUITE A TYLER, TX 75703
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: *Phyllis Short VP* **PHYLLIS SHORT** 3-13-06 903-509-985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #