


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 08:00 AM
Secretary of State

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| DOCUMENT # 452452 1. Entity Name CENTURY TESTING SERVICE, INC. |  |
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| Principal Place of Business 2125 GILMORE ST JACKSONVILLE, FL 32204 | Mailing Address 2144 ROSSELLE ST JACKSONVILLE, FL 32204 |
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02102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-1526511 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent SELLERS, HERBERT S. III 6063 KINGSLEY LAKE DRIVE STARKE, FL 32091 |
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**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, 2005 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 | PD SELLERS, HERBERT S. III 2144 ROSSELLE ST JACKSONVILLE, FL 32204 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST KOOB, KATHLEEN R. 2144 ROSSELLE ST JACKSONVILLE, FL 32204 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV SELLERS, TANA L. 2144 ROSSELLE ST JACKSONVILLE, FL 32204 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP SMITH, HOPE S 2144 ROSSELLE ST JACKSONVILLE, FL 32204 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

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03/17/05-80050-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Kathleen R. KooB
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-05 904-356-0835
Date Daytime Phone #