


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90032 035 ***158.75

DOCUMENT # 688638
 1. Entity Name
CAL-TECH TESTING, INC.



Principal Place of Business: **RT. 22 BOX 2954 P.O BOX 1625 LAKE CITY FL 32056**
 Mailing Address: **P.O. BOX 1625 LAKE CITY FL 32056**

2. Principal Place of Business: **3309 SW SR-247**
 Suite, Apt. #, etc.:
 3. Mailing Address: Suite, Apt. #, etc.:

City & State: **Lake City FL**
 City & State:

Zip: **32024** Country: Country:
 4. FEI Number: **59-2039727** Applied For: Not Applicable:



1st MOORE CR2E034 (10/04)
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BROWN, AMY
RT. 15, BOX 1015
LAKE CITY FL 32055

7. Name and Address of New Registered Agent
 Name: **Amy Brown**
 Street Address (P.O. Box Number is Not Acceptable): **259 NW Rhoden Ln**
 City: **Lake City FL** Zip Code: **32055**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE: VP	<input type="checkbox"/> Delete
NAME: HAHN, PETER M.	
STREET ADDRESS: P.O. BOX 1388 N/A	
CITY-ST-ZIP: LIVE OAK FL	
TITLE: PD	<input type="checkbox"/> Delete
NAME: CREAMER, LINDA M.	
STREET ADDRESS: RT. 22, BOX 2954	
CITY-ST-ZIP: LAKE CITY FL	
TITLE: STD	<input type="checkbox"/> Delete
NAME: BROWN, AMY	
STREET ADDRESS: RT. 17 BOX 1015	
CITY-ST-ZIP: LAKE CITY FL	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Amy M. Brown* / **amy m. brown** 1/18/05 386-755-3633
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #