

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 688638

Entity Name: CAL-TECH TESTING, INC.

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

3309 SW SR-247
P.O BOX 1625
LAKE CITY, FL 32024

New Principal Place of Business:

3309 SW SR-247
LAKE CITY, FL 32024

Current Mailing Address:

P.O. BOX 1625
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 59-2039727 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROWN, AMY M
259 NW RHODEN LN
LAKE CITY, FL 32055 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: CREAMER, LINDA M
Address: 1152 NW SCENIC LAKE DRIVE
City-St-Zip: LAKE CITY, FL 32055

Title: PD () Delete
Name: CREAMER, LINDA M.,
Address: 1152 NW SCENIC LAKE DRIVE
City-St-Zip: LAKE CITY, FL 32055

Title: VST () Delete
Name: BROWN, AMY,
Address: 259 NW RHODEN GLENN
City-St-Zip: LAKE CITY, FL 32055

Title: EV () Delete
Name: BROWN, DAVID
Address: 3309 SW SR-247
City-St-Zip: LAKE CITY, FL 32024

Title: EV () Delete
Name: MCCOLLUM, GARY
Address: 3309 SW SR-247
City-St-Zip: LAKE CITY, FL 32024

Title: EEO () Delete
Name: STALVEY, ABBY
Address: 3309 SW SR-247
City-St-Zip: LAKE CITY, FL 32024

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:

Title: SV (X) Change () Addition
Name: CREAMER, CALVIN
Address: 3309 SW SR-247
City-St-Zip: LAKE CITY, FL 32024

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 exemption stated 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 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: AMY M. BROWN

VST

01/15/2009

Electronic Signature of Signing Officer or Director

Date