

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000001959**

1. Entity Name  
**CHALLENGE ENGINEERING & TESTING, INC.**



Principal Place of Business

**4234 HALLS MILL ROAD  
MOBILE, AL 36693**

Mailing Address

**PO BOX 91537  
MOBILE, AL 36691**



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**63-1100804**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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

**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	PCD
NAME	THOMPSON, VESTER J III
STREET ADDRESS	4234 HALLS MILL ROAD
CITY-ST-ZIP	MOBILE, AL 36691
TITLE	VD
NAME	WIGGINS, DAVID C
STREET ADDRESS	4234 HALLS MILL ROAD
CITY-ST-ZIP	MOBILE, AL 36691
TITLE	STD
NAME	GLOVER, CONNIE L
STREET ADDRESS	4234 HALLS MILL ROAD
CITY-ST-ZIP	MOBILE, AL 36691
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000349205  
05/02/05-80055-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Connie Glover Connie L Glover 46805 (251) 666-1435  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #