

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90290 001 \*\*\*150.00

**DOCUMENT # F04000003466**

1. Entity Name

ATLANTIC TESTING LABORATORIES, LIMITED, INC.



Principal Place of Business

6431 U.S. HIGHWAY 11  
CANTON NY 13617

Mailing Address

6431 U.S. HIGHWAY 11  
CANTON NY 13617

**50050750**

2. Principal Place of Business

3. Mailing Address



1st MOORE

CR2E034 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **16-1109111**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLY, SUSAN E  
2600 HARDEN BLVD., LOT #71  
LAKELAND FL 33803

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**  
**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 NAME PVC REMINGTON, MARIJEAN B ☐ Delete  
STREET ADDRESS 6431 U.S. HIGHWAY 11  
CITY-ST-ZIP CANTON NY 13617

TITLE NAME VPD KUHN, JAMES J P.E. ☐ Delete  
STREET ADDRESS 22 CORPORATE DRIVE  
CITY-ST-ZIP CLIFTON PARK NY 12065

TITLE NAME VPSD THEW, JAMES S P.L.S. ☐ Delete  
STREET ADDRESS 6431 U.S. HIGHWAY 11  
CITY-ST-ZIP CANTON NY 13617

TITLE NAME TC THEW, SPENCER F P.E.L.S. ☐ Delete  
STREET ADDRESS 3019 STATE HIGHWAY 56  
CITY-ST-ZIP SOUTH COLTON NY 13687

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP Canton, NY 13617

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME Thew, Spencer F. P.E.L.S. ☒ Change ☐ Addition  
STREET ADDRESS 6431 U.S. Highway 11  
CITY-ST-ZIP Canton, NY 13617

TITLE NAME VP Cronin, Thomas G. ☐ Change ☒ Addition  
STREET ADDRESS 22 Corporate Drive  
CITY-ST-ZIP Clifton Park, NY 12065

TITLE NAME ☐ Change ☐ Addition  
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: Marijean B. Remington MARIJEAN B. REMINGTON

3/25/05 315/386-4578