

FILED
Apr 02, 2007 8:00 am
Secretary of State

03-19-2007 90068 018 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F04000003466 1. Entity Name ATLANTIC TESTING LABORATORIES, LIMITED, INC.	
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Principal Place of Business 6431 U.S. HIGHWAY 11 CANTON, NY 13617	Mailing Address 6431 U.S. HIGHWAY 11 CANTON, NY 13617
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66007619



03062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1109111	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KELLY, SUSAN E 2600 HARDEN BLVD., LOT #71 LAKELAND, FL 33803
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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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____
Signature, typed or printed name of registered agent and date if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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-STATE-ZIP	PVC REMINGTON, MARJEAN B 6431 U.S. HIGHWAY 11 CANTON, NY 13617
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPO KUHN, JAMES J P.E. 22 CORPORATE DRIVE CLIFTON PARK, NY 12065
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPSD THEW, JAMES S P.L.S. 6431 U.S. HIGHWAY 11 CANTON, NY 13617
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TC THEW, SPENCER F P.E.L.S. 6431 US HWY 11 CANTON, NY 13617
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP CRONIN, THOMAS G 22 CORPORATE DR CLIFTON PARK, NY 12065
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Marjean B. Remington Marjean B. Remington, President 3/29/07 315/386-4578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date Phone #