

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000003670

1. Entity Name
**TESTING, ENGINEERING & CONSULTING SERVICES,
INC.**



Principal Place of Business
**235 BUFORD DRIVE
LAWRENCEVILLE, GA 30045**

Mailing Address
**235 BUFORD DRIVE
LAWRENCEVILLE, GA 30045**



03092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1314320

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JENKINS, ROBERT S
6731 MANGO AVE. SOUTH
ST. PETERSBURG, FL 33707**

**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 _____

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, 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	P
NAME	HEINRICHS, KURT
STREET ADDRESS	2605 LITTLE JOHN CIR.
CITY - ST - ZIP	CUMMING, GA 30040
TITLE	ST
NAME	HEINRICHS, JENNIFER
STREET ADDRESS	2605 LITTLE JOHN CIR.
CITY - ST - ZIP	CUMMING, GA 30040
TITLE	V
NAME	BENDER, PHILIP
STREET ADDRESS	2475 FAIRMONT PARK CT.
CITY - ST - ZIP	DACULA, GA 30019
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/26/07-80039-006 158.75

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KURT HEINRICHS, PRESIDENT

3/9/2007

Date

770-995-8000

Daytime Phone #