

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90003 016 ***150.00

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1. Entity Name

ELTEC RESEARCH AND CONSULTING, INC.



Principal Place of Business

350 FENTRESS BLVD.
CENTRAL INDUSTRIAL PK.
DAYTONA BEACH FL 32114-1206

Mailing Address

PO BOX 9610
DAYTONA BEACH FL 32120-9610
US

04017110



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2068351

Applied For

Not Applicable

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

OETTEL, F
350 FENTRESS BLVD.
DAYTONA BCH FL 32114

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, 2004 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 DC ☐ Delete
NAME OETTEL, FRED H.
STREET ADDRESS 350 FENTRESS BLVD.
CITY-ST-ZIP DAYTONA BEACH FL

TITLE PD ☐ Delete
NAME MOLLENKOF, SAMUEL S.
STREET ADDRESS 350 FENTRESS BLVD.
CITY-ST-ZIP DAYTONA BEACH FL

TITLE DS ☐ Delete
NAME BEECHER, THOMAS R., JR
STREET ADDRESS 200 THEATER PL
CITY-ST-ZIP BUFFALO NY

TITLE D ☐ Delete
NAME MAHANEY, EUGENE D.
STREET ADDRESS 403 MAIN ST
CITY-ST-ZIP BUFFALO NY

TITLE VP ☐ Delete
NAME MOLLENKOF, SAMUEL D
STREET ADDRESS 350 FENTRESS BLVD
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 28 OAKLAND PLACE
CITY-ST-ZIP BUFFALO NY 14222

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4950 PINELEDGE DRIVE N.
CITY-ST-ZIP CLARENCE NY 14031

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

TITLE ☐ Change ☐ Addition
NAME
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:

S. Mollenkoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 8, 2004

Date

386-252-0411

Daytime Phone #