2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F07783

1. Entity Name
ELTEC RESEARCH AND CONSULTING, INC.

Principal Place of Business	Mailing Address
350 FENTRESS BLVD. CENTRAL INDUSTRIAL PK. DAYTONA BEACH, FL 32114-1206	PO BOX 9610 DAYTONA BEACH, FL 32120-9610 US

03162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

OETTEL, F
350 FENTRESS BLVD.
DAYTONA BCH, FL 32114

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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000479453
04/10/06-80004-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	OETTEL, FRED H.
STREET ADDRESS	350 FENTRESS BLVD.
CITY-ST-ZIP	DAYTONA BEACH, FL
TITLE	PD
NAME	MOLLENKOF, SAMUEL S.
STREET ADDRESS	350 FENTRESS BLVD.
CITY-ST-ZIP	DAYTONA BEACH, FL
TITLE	DS
NAME	BEECHER, THOMAS R., JR
STREET ADDRESS	28 OAKLAND PLACE
CITY-ST-ZIP	BUFFALO, NY 14222
TITLE	D
NAME	MAHANEY,EUGENE D.
STREET ADDRESS	4950 PINELEDGE DRIVE N.
CITY-ST-ZIP	CLARENCE, NY 14031
TITLE	VP
NAME	MOLLENKOF, SAMUEL D
STREET ADDRESS	350 FENTRESS BLVD
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-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: S Mollenkof March 20, 2006 386-252-04(
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #