

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07783

FILED
Mar 12, 2009
Secretary of State

Entity Name: ELTEC RESEARCH AND CONSULTING, INC.

Current Principal Place of Business:

350 FENTRESS BLVD.
CENTRAL INDUSTRIAL PK.
DAYTONA BEACH, FL 321141206

New Principal Place of Business:

Current Mailing Address:

PO BOX 9610
DAYTONA BEACH, FL 321209610 US

New Mailing Address:

FEI Number: 59-2068351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: OETTEL, FRED H.,
Address: 350 FENTRESS BLVD.
City-St-Zip: DAYTONA BEACH, FL

Title: PD () Delete
Name: MOLLENKOF, SAMUEL S.,
Address: 350 FENTRESS BLVD.
City-St-Zip: DAYTONA BEACH, FL

Title: DS () Delete
Name: BEECHER, THOMAS R., JR
Address: 28 OAKLAND PLACE
City-St-Zip: BUFFALO, NY 14222

Title: D () Delete
Name: MAHANEY, EUGENE D.,
Address: 4950 PINELEDGE DRIVE N.
City-St-Zip: CLARENCE, NY 14031

Title: VP () Delete
Name: MOLLENKOF, SAMUEL D
Address: 350 FENTRESS BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: MOLLENKOF, SAMUEL S.,
Address: 350 FENTRESS BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL S. MOLLENKOF

DP

03/12/2009

Electronic Signature of Signing Officer or Director

_____ Date