

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-12-2004 90003 014 ***150.00

DOCUMENT # F26537

1. Entity Name

ELTEC DISC, INC.



Principal Place of Business

C/O FRED H OETTEL
350 FENTRESS BLVD
DAYTONA BEACH FL 32114-1206

Mailing Address

PO BOX 9610
DAYTONA BEACH FL 32120-9610
US

54017118



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

59-2091577

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, FRED H
350 FENTRESS BLVD
DAYTONA BEACH 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	DP	<input type="checkbox"/> Delete
NAME	MOLLENKOF, SAMUEL S	
STREET ADDRESS	350 FENTRESS BLVD	
CITY-ST-ZIP	DAYTONA BCH, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAHANEY, EUGENE D	
STREET ADDRESS	403 MAIN ST	
CITY-ST-ZIP	BUFFALO NY	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BEECHER, THOMAS R	
STREET ADDRESS	200 THEATER PLACE	
CITY-ST-ZIP	BUFFALO, NY 00000	
TITLE	DC	<input type="checkbox"/> Delete
NAME	OETTEL, FRED H	
STREET ADDRESS	350 FENTRESS BLVD	
CITY-ST-ZIP	DAYTONA BCH, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARMSTRONG, DOUGLAS	
STREET ADDRESS	350 FENTRESS BLVD	
CITY-ST-ZIP	DAYTONA BCH, FL 00000	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	MOLLENKOF, SAMUEL D	
STREET ADDRESS	350 FENTRESS BLVD	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4950 PINELEDGE DRIVE N.	
STREET ADDRESS	CLARENCE NY 14031	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	28 OAKLAND PLACE	
STREET ADDRESS	BUFFALO NY 14222	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 8, 2004

Date

386-252-0411

Daytime Phone #