


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2005 08:00 AM
Secretary of State

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
---	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 59-2091577		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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	(NOTE: Registered Agent signature required when reinstating)	DATE
-----------	--	------

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLLENKOF, SAMUEL S	NAME	000000212514
STREET ADDRESS	350 FENTRESS BLVD	STREET ADDRESS	02/03/05-80033-008 150.00
CITY- ST- ZIP	DAYTONA BCH, FL 00000	CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHANEY, EUGENE D	NAME	
STREET ADDRESS	4950 PINELEDGE DRIVE N.	STREET ADDRESS	
CITY- ST- ZIP	CLARENCE NY 14031	CITY- ST- ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEECHER, THOMAS R	NAME	
STREET ADDRESS	28 OAKLAND PLACE	STREET ADDRESS	
CITY- ST- ZIP	BUFFALO NY 14222	CITY- ST- ZIP	
TITLE	DC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OETTEL, FRED H	NAME	
STREET ADDRESS	350 FENTRESS BLVD	STREET ADDRESS	
CITY- ST- ZIP	DAYTONA BCH, FL 00000	CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, DOUGLAS	NAME	
STREET ADDRESS	350 FENTRESS BLVD	STREET ADDRESS	
CITY- ST- ZIP	DAYTONA BCH, FL 00000	CITY- ST- ZIP	
TITLE	VCFO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLLENKOF, SAMUEL D	NAME	
STREET ADDRESS	350 FENTRESS BLVD	STREET ADDRESS	
CITY- ST- ZIP	DAYTONA BEACH FL 32114	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: 	1-31-05	386-252-0411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #