

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2006 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 32114-1208**

Mailing Address
**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
59-2091577

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**OETTEL, FRED H
350 FENTRESS BLVD
DAYTONA BEACH, 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**

**1103000473454
04/10/06-80004-013 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MOLLENKOF, SAMUEL S
STREET ADDRESS	350 FENTRESS BLVD
CITY-ST-ZIP	DAYTONA BCH, FL 00000,
TITLE	D
NAME	MAHANEY, EUGENE D
STREET ADDRESS	4950 PINELEDGE DRIVE N.
CITY-ST-ZIP	CLARENCE, NY 14031
TITLE	DS
NAME	BEECHER, THOMAS R
STREET ADDRESS	28 OAKLAND PLACE
CITY-ST-ZIP	BUFFALO, NY 14222
TITLE	OC
NAME	OETTEL, FRED H
STREET ADDRESS	350 FENTRESS BLVD
CITY-ST-ZIP	DAYTONA BCH, FL 00000,
TITLE	D
NAME	ARMSTRONG, DOUGLAS
STREET ADDRESS	350 FENTRESS BLVD
CITY-ST-ZIP	DAYTONA BCH, FL 00000,
TITLE	VCFO
NAME	MOLLENKOF, SAMUEL D
STREET ADDRESS	350 FENTRESS BLVD
CITY-ST-ZIP	DAYTONA BEACH, FL 32114

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 29, 2006 386 252-0411

Date

Daytime Phone #