

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F95000001778

1. Entity Name  
ADMIRAL TESTING SERVICES, INC.



Principal Place of Business  
5909-C BRECKENRIDGE PKWY.  
TAMPA, FL 33610 US

Mailing Address  
5909-C BRECKENRIDGE PKWY.  
TAMPA, FL 33610 US



01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
72-1281343

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SINOPOLI, FRANK  
5909-C BRECKENRIDGE PKWY.  
TAMPA, FL 33610

**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

*Frank Sinopoli*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-4-05  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME RAMOS, RENATO M  
STREET ADDRESS 524 ELMWOOD PARK BLVD, SUITE 160  
CITY-ST-ZIP HARAHAN, LA 70123

TITLE DS  
NAME RAMOS, RAMONA H  
STREET ADDRESS 524 ELMWOOD PARK BLVD, SUITE 160  
CITY-ST-ZIP HARAHAN, LA 70123

TITLE DT  
NAME KENNEY, LINDA B  
STREET ADDRESS 524 ELMWOOD PARK BLVD, SUITE 160  
CITY-ST-ZIP HARAHAN, LA 70123

TITLE D  
NAME RAMOS, RENATO M JR  
STREET ADDRESS 524 ELMWOOD PARK BLVD, SUITE 160  
CITY-ST-ZIP HARAHAN, LA 70123

TITLE D  
NAME KENNEY, STANLEY  
STREET ADDRESS 524 ELMWOOD PARK BLVD., STE. 160  
CITY-ST-ZIP HARAHAN, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000173366  
01/07/05-80016-001 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:

*Frank Sinopoli* FRANK SINOPOLI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-05  
Date

813-633-3777  
Daytime Phone #