


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # J15059
1. Entity Name
QUALTEST, INCORPORATED



Principal Place of Business Mailing Address
5325 OLD WINTER GARDEN ROAD BLDG. C 5325 OLD WINTER GARDEN ROAD BLDG. C
P.O. BOX 617200 P.O. BOX 617200
ORLANDO, FL 32861-7200 ORLANDO, FL 32861-7200

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2690412 (Not Applicable)

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

6. Name and Address of Current Registered Agent
FRITZ, DEPENTHAL J
5325 OLD WINTER GARDEN RD.
ORLANDO, FL 32811

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**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 NAME STREET ADDRESS CITY - ST - ZIP	VD NEWCOMB, HAROLD W. 7051 GROVELAND AIRPORT RD. GROVELAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT DEPENTHAL, FRITZ JR. 7756 HARLIE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **FRITZ DEPENTHAL** Date: _____ Daytime Phone #: **(407)293-5844**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR