

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L62062

1. Entity Name
**KELLER, SCHLEICHER & MACWILLIAM ENGINEERING
AND TESTING, INC.**



Principal Place of Business
**11345 US 1
SEBASTIAN, FL 32958 US**

Mailing Address
**P.O. BOX 78-1377
SEBASTIAN, FL 32978-1377**



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0190954

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KELLER, RONALD G.
912 JACKSON WAY
FT. PIERCE, FL 34949**

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

(NOTE: Registered Agent signature required when reinstating)

1/27/05
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	PD
NAME	KELLER, RONALD
STREET ADDRESS	912 JACKSON WAY
CITY-ST-ZIP	FT. PIERCE, FL 32949
TITLE	VD
NAME	SCHLIECHER, TERRY
STREET ADDRESS	186 10TH AVE.
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	SD
NAME	MACWILLIAM, E.S.
STREET ADDRESS	6546 4TH PL
CITY-ST-ZIP	VERO BEACH, FL 32968
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000207485
02/01/05-80047-011 158.75

**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:

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

1/27/05
Date

772-589-0712
Daytime Phone #