

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000050641

FILED
Apr 27, 2004
Secretary of State

Entity Name: AMERICAN INFRARED TESTING & CONSULTING, INC.

Current Principal Place of Business:

574 1TH AVE. NORTH
SAINT PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 13926
SAINT PETERSBURG, FL 33733

New Mailing Address:

FEI Number: 59-3593326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKER, KATHRYN M
574 1ST AVE NORTH
SAINT PETERSBURG, FL 33701

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: BARKER, KATHRYN M
Address: 574 1ST AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: SVP () Delete
Name: KNETTEL, MICHAEL SR
Address: 574 1ST AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN M. BARKER

PST

04/27/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date