

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000137624

FILED
Sep 07, 2005
Secretary of State

Entity Name: TESCO CALIBRATION LABORATORIES, INC.

Current Principal Place of Business:

1800 PENN STREET
SUITE 6A
MELBOURNE, FL 32901

New Principal Place of Business:

700 S JOHN RODES BLVD
SUITE C4
MELBOURNE, FL 32904

Current Mailing Address:

1800 PENN STREET
SUITE 6A
MELBOURNE, FL 32901

New Mailing Address:

700 S JOHN RODES BLVD
SUITE C4
MELBOURNE, FL 32904

FEI Number: 20-0484209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENNING, TIM SR.
1800 PENN STREET
SUITE 6A
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

HENNING, TIM SR.
700 S JOHN RODES BLVD
SUITE C4
MELBOURNE, FL 32904 US

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:

09/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: HENNING, TIM SR.
Address: 1800 PENN STREET #6A
City-St-Zip: MELBOURNE, FL 32901

Title: VSD () Delete
Name: HENNING, TIM JR.
Address: 1800 PENN STREET #6A
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: HENNING, TIM SR.
Address: 700 S JOHN RODES BLVD STE C4
City-St-Zip: MELBOURNE, FL 32904

Title: VSD (X) Change () Addition
Name: HENNING, TIM JR.
Address: 700 S JOHN RODES BLVD STE C4
City-St-Zip: MELBOURNE, FL 32904

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: TIM HENNING

PTD

09/07/2005

Electronic Signature of Signing Officer or Director

Date