2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 13, 2005 8:00 am Secretary of State DOCUMENT # P04000020978 05-13-2005 90220 031 ***150.00 LAW ENFORCEMENT TESTING COMPANY, INC. Principal Place of Business Mailing Address 8626 PARK BYRD ROAD 8626 PARK BYRD ROAD LAKELAND, FL 33810 20022010 LAKELAND, FL 33810 2. Principal Place of Business 3. Mailing Address 6630 ODOM ROAD 6630 ODOM ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. 03102005 CR2E034 (10/03) Chg-P City & State LAKELAND, FL 4. FEI Number City & State Applied For LAKELAND, FL 20-0958647 Not Applicable ^{Zip} 33809 Country POLK Country 33809 \$8.75 Additional 5. Certificate of Status Desired POLK Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORSE, HENRY C Street Address (P.O. Box Number is Not Acceptable) 8626 PARK BYRD ROAD 6630 ODOM ROAD LAKELAND, FL 33810 CEAKELAND 33809 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 Florica. I am familiar with, and accept the obligations of registered agen SIGNATURE. Signature, typed or printed frame of registered agent and title if applicable DATE signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TTI F Change Addition NAME MORSE, HENRY C NAME 8626 PARK BYRD ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33810 CITY-ST-ZIP ☐ Delete TITLE ηπ F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZP CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CTY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/2 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP C/TY-ST-7/P 12. I hereby certify that the information supplied with this filling 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 cirector 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: 1 HENRY C MORSE 5/1/05 (863)815-8287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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