


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000075973

1. Entity Name
ASSOCIATED BREATH TESTING, INC.



Principal Place of Business Mailing Address

**3412 SW 3RD TERRACE
CAPE CORAL, FL 33991 US** **3412 SW 3RD TERRACE
CAPE CORAL, FL 33991 US**



02272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0540039

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**JOHNSON, WALTER R
3412 SW 3RD TERRACE
CAPE CORAL, FL 33991**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**1100000484164
04/12/06-80008-020 150.00**

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------------|
| TITLE | P |
| NAME | JOHNSON, WALTER R |
| STREET ADDRESS | 3412 SW 3RD TERRACE |
| CITY-ST-ZIP | CAPE CORAL, FL 33991 |
| TITLE | V |
| NAME | JOHNSON, ANN M |
| STREET ADDRESS | 3412 SW 3RD TERRACE |
| CITY-ST-ZIP | CAPE CORAL, FL 33991 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Walter Johnson, Pres** **3-27-06** **239-285-7330**

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #