

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Aug 03, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000041971

1. Entity Name

ELECTRICAL TESTING SERVICE ENTERPRISES, INC.



Principal Place of Business

17840 WELLSWOOD ROAD
N. FORT MYERS FL 33917

Mailing Address

17840 WELLSWOOD ROAD
N. FORT MYERS FL 33917



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/07)

City & State

City & State

4. FEI Number

65-0585090

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 5, 2007

Make Check Payable to Florida Department of State.

S 607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☐ Delete
NAME MILLICAN, ARTHUR
STREET ADDRESS 17840 WELLSWOOD ROAD
CITY - ST - ZIP N. FORT MYERS FL 33917

TITLE ☐ Change ☐ Addition
NAME 000000771340
STREET ADDRESS 08/03/07-80003-001 150.00
CITY - ST - ZIP

TITLE SD ☐ Delete
NAME BATES, RICHARD E
STREET ADDRESS 17840 WELLSWOOD ROAD
CITY - ST - ZIP N. FORT MYERS FL 33917

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

ARTHUR MILLICAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/07 239-731-5002
Date Daytime Phone #