2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 27, 2005 08:00 AM Secretary of State DOCUMENT # P96000012855 1. Entity Name CHELTEC, INC. Principal Place of Business Mailing Address 2215 INDUSTRIAL BLVD. 2215 INDUSTRIAL BLVD SARASOTA FL 34234 SARASOTA FL 34234 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0642687 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DELANCY, DENISE A Street Address (P.O. Box Number is Not Acceptable) 2215 INDÚSTRIAL BLVD. SARASOTA FL 34234 City 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 little if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TUTLE ☐ Addition Change NAME DELANCY, DENISE A NAME U00000333765 STREET ADDRESS 2215 INDUSTRIAL BLVD. STREET ADDRESS 04/27/05-80016-023 150.00 City-St-ZiP SARASOTA FL 34234 CHY-ST-7IP TITLE Delete Change ☐ Addition FIELD, SYLVIA NAME NAME STREET ADDRESS 2125 MAGNOLIA STREET STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34239 CITY-ST-7IP TITLE ☐ Delete HILE Change Addition O'NEILL, TIMOTHY F NAME STREET ADDRESS 4502 HIDDEN FOREST LANE STREET ADDRESS CITY-ST-ZIA SARASOTA FL 34235 CITY - ST- ZIP TITLE Delete FittE ☐ AdditIon MORTON, E.W. JR NAME NAME 2215 INDUSTRIAL BLVD STREET ADDRESS STREET ADDRESS SARASOTA FL 34234 CITY-ST-ZIP CITY-ST-7IP TITLE Delete THEF Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete THLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-782

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12. I hereby certify that the information supplied with this filing 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 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:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.