

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000012855

1. Entity Name
CHELTEC, INC.



Principal Place of Business
**2215 INDUSTRIAL BLVD.
SARASOTA FL 34234
US**

Mailing Address
**2215 INDUSTRIAL BLVD
SARASOTA FL 34234**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number **65-0642687**

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

**DELANCY, DENISE A
2215 INDUSTRIAL BLVD.
SARASOTA FL 34234**

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 consenting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **DELANCY, DENISE A** ☐ Delete
STREET ADDRESS **2215 INDUSTRIAL BLVD.**
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE
NAME **000000903509** ☐ Change ☐ Addition
STREET ADDRESS **04/30/08-80049-013 150.00**
CITY-ST-ZIP

TITLE
NAME **S** ☐ Delete
STREET ADDRESS **FIELD, SYLVIA**
CITY-ST-ZIP **2125 MAGNOLIA STREET
SARASOTA FL 34239**

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

TITLE
NAME **V** ☐ Delete
STREET ADDRESS **O'NEILL, TIMOTHY F**
CITY-ST-ZIP **4502 HIDDEN FOREST LANE
SARASOTA FL 34235**

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

TITLE
NAME **T** ☐ Delete
STREET ADDRESS **MORTON, E.W. JR**
CITY-ST-ZIP **2215 INDUSTRIAL BLVD
SARASOTA FL 34234**

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Sylvia Field* **SYLVIA FIELD** **4-15-08** **941-355-1045**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #