


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 09, 2005 08:00 AM
Secretary of State**

DOCUMENT # P96000058139 1. Entity Name ERTEC, INC.		
Principal Place of Business 7901 BENJAMIN RD TAMPA, FL 33634 US	Mailing Address 7901 BENJAMIN RD TAMPA, FL 33634 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent OCHOTORENA, RAY 7901 BENJAMIN RD TAMPA, FL 33634		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPT OCHOTORENA, RAY 7901 BENJAMIN RD TAMPA, FL 33634	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS KRAWCZYK, EDWARD 7901 BENJAMIN RD TAMPA, FL 33634	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u><i>Ray Ochotorena</i></u> RAY OCHOTORENA 3/7/05 813 889-7181 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



02282005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3390616

Applied For
Not Applicable

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

U00000257076
03/09/05-80039-025 150.00

**DO NOT WRITE
IN THIS SPACE**