

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000001887

1. Entity Name
APPLIED FOUNDATION TESTING, INC.



Principal Place of Business
**4015 J LOUIS STREET
GREEN COVE SPRINGS, FL 32043**

Mailing Address
**4015 J LOUIS STREET
GREEN COVE SPRINGS, FL 32043**



03302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3417167

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEPRELL, SAMUEL L
1930 SAN MARCO BLVD., STE 201
ST MARK'S PLACE
JACKSONVILLE, FL 32207**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	MUCHARD, MICHAEL K
STREET ADDRESS	1961 RIVER OAKS DRIVE
CITY- ST- ZIP	JACKSONVILLE, FL 32257
TITLE	DP
NAME	ROBERTSON, DONALD T
STREET ADDRESS	2385 NOTTINGHAM FOREST PL
CITY- ST- ZIP	JACKSONVILLE, FL 32259
TITLE	DST
NAME	RUTLAND, MARK A
STREET ADDRESS	10284 CYPRESS LAKES DRIVE
CITY- ST- ZIP	JACKSONVILLE, FL 32256
TITLE	D
NAME	ELLIOTT, JOHN M
STREET ADDRESS	208 RIVER PLANTATION DR S.
CITY- ST- ZIP	ST AUGUSTINE, FL 32092
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/05

Date

Daytime Phone #