

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000001887

FILED
Aug 12, 2009
Secretary of State**Entity Name:** APPLIED FOUNDATION TESTING, INC.**Current Principal Place of Business:**4015 J LOUIS STREET
GREEN COVE SPRINGS, FL 32043**New Principal Place of Business:****Current Mailing Address:**4015 J LOUIS STREET
GREEN COVE SPRINGS, FL 32043**New Mailing Address:****FEI Number:** 59-3417167**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LEPRELL, SAMUEL L
1930 SAN MARCO BLVD., STE 201
ST MARK'S PLACE
JACKSONVILLE, FL 32207 US**Name and Address of New Registered Agent:**GLAZIER & GLAZIER, P.A.
8825 PERIMETER PARK BLVD.
SUITE 504
JACKSONVILLE, FL 32216 US

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.

SIGNATURE: SCOTT L. GLAZIER

08/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: MUCHARD, MICHAEL K
Address: 1052 RIVERSIDE RIDGE ROAD
City-St-Zip: TARPON SPRINGS, FL 34688

Title: DP () Delete
Name: ROBERTSON, DONALD T
Address: 445 SUMMERSET DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

Title: DST (X) Delete
Name: RUTLAND, MARK A
Address: 10284 CYPRESS LAKES DRIVE
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Delete
Name: ELLIOTT, JOHN M
Address: 208 RIVER PLANTATION DR S.
City-St-Zip: ST AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVST (X) Change () Addition
Name: MUCHARD, MICHAEL K
Address: 1052 RIVERSIDE RIDGE ROAD
City-St-Zip: TARPON SPRINGS, FL 34688

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD T. ROBERTSON

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08/12/2009

Electronic Signature of Signing Officer or Director

Date