2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000102532

1. Entity Name

SCIENCETEK INSTRUMENTS CORPORATION



FILED
Mar 19, 2004 08:00 AM
Secretary of State

Principal Place of Business 9900 OSPREY COURT CRYSTAL BEACH, FL 34681 Mailing Address

P.O. BOX 905

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRYSTAL BEACH, FL 34681



DO NOT WRITE IN THIS SPACE

			(-,
4. FEI Number				Applied For
59-34841	21			Not Applicable
		-		

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 /10/03)

6. Name and Address of Current Registered Agent

LOCHNER, LUZ 9900 OSPREY COURT CRYSTAL BEACH, FL 34681

SIGNATURE:

DO NOT WRITE IN THIS SPACE

No Cho-P

8. The above the obligat	named entity submits this statement for the plans of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or primed name of registered agent and title is	applicable. (NOTE, Registered	Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution. Added to Fees		\$5.00 May Be Added to Fees	U00000092721 03/19/04-80019-024 150.00	
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CHY-ST-ZW	DP LOCHNER, LUZ 9900 OSPREY COURT CRYSTAL BEACH, FL 34681					
TITLE MAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
THILE NAME STREET ADDRESS CHY-SI-ZIP						
Bile NAME STREET ADDRESS CITY-SI-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.						