

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90419 012 ***150.00

DOCUMENT # P98000072360					
1. Entity Name PSYSTEME GAUGE TECHNOLOGY INC.					
Principal Place of Business 1956 BAYSHORE BLVD DUNEDIN, FL 34698 US			Mailing Address 1956 BAYSHORE BLVD DUNEDIN, FL 34698 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 74-2902777	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JACOBSON, RICHARD A 501 EAST KENNEDY BOULEVARD SUITE 1700 TAMPA, FL 33602			Name: John N Davidson Street Address (P.O. Box Number is Not Acceptable): 1956 Bayshore Blvd. City: Dunedin FL Zip Code: 34698		
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:			DATE: 4/12/06		
(NOTE: Registered Agent signature required when reinstating)			(NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDST KRINGS, HANS-PETER 1956 BAYSHORE BLVD DUNEDIN, FL 34698 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS DAVIDSON, JOHN 1956 BAYSHORE BLVD DUNEDIN, FL 34698 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:			(KRINGS - PRESIDENT)		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 30. of March 2006		
Daytime Phone #			Daytime Phone #		

50013178



01042006 Chg-P CR2E034 (11/05)

4. FEI Number
74-2902777

Applied For
Not Applicable

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

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7. Name and Address of New Registered Agent

Name

John N Davidson

Street Address (P.O. Box Number is Not Acceptable)

1956 Bayshore Blvd.

City

Dunedin

FL

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Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

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STREET ADDRESS

CITY - ST - ZIP

PDST

KRINGS, HANS-PETER

1956 BAYSHORE BLVD

DUNEDIN, FL 34698 ☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

AS

DAVIDSON, JOHN

1956 BAYSHORE BLVD

DUNEDIN, FL 34698 ☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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SIGNATURE:

(KRINGS - PRESIDENT)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 30. of March 2006

Daytime Phone #