

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**


07-13-2005 90021 001 \*\*\*150.00

P99000106523

FILED

05 AUG 15 PM 12:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P99000106523</b> 1. Entity Name <b>CANTECH, INC.</b>	
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Principal Place of Business <b>7980 N ATLANTIC AVE CAPE CANAVERAL, FL 32920</b>	Mailing Address <b>7980 N ATLANTIC AVE CAPE CANAVERAL, FL 32920</b>
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**DO NOT WRITE IN THIS SPACE**



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3616054</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>LEWIS, JAMES C 7980 N ATLANTIC AVE CAPE CANAVERAL, FL 32920</b>
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**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

<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, JAMES C 7980 N ATLANTIC AVE CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD STOTTLER, RICHARD C JR 8680 N ATLANTIC AVE CAPE CANAVERAL, FL 32920
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

*8/16*

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>6/24/05</i> <small>Date</small>	<i>321-783-5832</i> <small>Daytime Phone #</small>
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August 9, 2005

Florida Department of State  
Divisions of Corporations  
P O Box 1500  
Tallahassee, FL 32302-1500

Reference Number: P99000106523

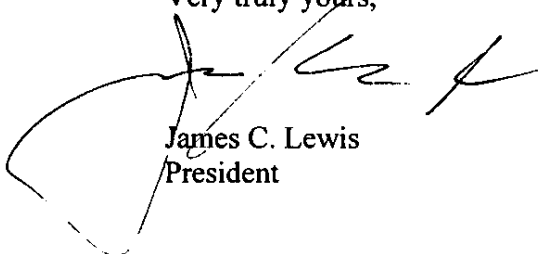
Gentlemen:

With regards to your letter of July 15, 2005, we do not feel that we should have to pay the late charges because we did not receive the original notice.

The form on the web site has a block to check off stating that we did not receive the notice. The form you sent to us did not have that block.

In lieu of this please abate the late fees and file our report.

Very truly yours,



James C. Lewis  
President