2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000000662

1. Entity Name

EASTERN TECHNICAL ASSOCIATES, INC.



FILED Feb 03, 2005 08:00 AM Secretary of State

Principal Place of Business

3302 ANVIL PLACE RALEIGH, NC 27603 Mailing Address

PO BOX 1009

GARNER, NC 27529-1009



DO NOT WRITE IN THIS SPACE

01272005 N

No Chg-P

CR2E034 (10/03)

4. FEI Number 56-1236541

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Name and Address of Current Registered Agent

ROSE, H T 1017 AUGUSTA DRIVE SUN CITY CENTER, FL 33573

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the prons of registered agent.	urpose of changing its registered of	office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE						
	E NOW!!! FEE IS \$150.00 by 1, 2005 Fee will be \$550.00	Election Campaign Financin Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSE, TOM 2116 OAKTON DR. RALEIGH, NC 27603	· ·			U00000212967 02/03/05-80051-008 150.00	
NAME STREET ADDRESS CITY-ST-ZIP	VS ROSE, PATRICIA S 2116 OAKTON DR. RALEIGH, NC 27603					
TITLE NAME STREET ADDRESS CRTY-ST-ZIP	T ROSE, T. PATRICK 2116 OAKTON DR. RALEIGH, NC 27603			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes, I further certify that the information indicated on this report or suppliemental 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 effect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or open attachment with an address, with all other like empowered.

SIGNATURE;

CITY-ST-ZIP

GNATURE AND YORK OR DRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/05

919-848-3188