

#150

APPROVAL AND FILED

2005 FOR PROFIT CORPORATION ANNUAL REPORT

05 APR 28 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04152005 Chg-P CR2E034 (10/03) *MRS*

DOCUMENT # 415192					
1. Entity Name GENERAL DYNAMICS OTS (NICEVILLE), INC.					
Principal Place of Business 10101 M.L.K. STREET NORTH SAINT PETERSBURG, FL 33716 US			Mailing Address % GENERAL DYNAMICS OTS 10101 M.L.K. STREET NORTH SAINT PETERSBURG, FL 33716 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1428374	
Zip		Country		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		
DAMERON, DEL S 10101 M.L.K. STREET NORTH SAINT PETERSBURG, FL 33716			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		
T NAME: MATUSKA, DANIEL A STREET ADDRESS: 4565 COMMERCIAL DR SUITE A CITY-ST-ZIP: NICEVILLE, FL 32578	<input type="checkbox"/> Delete	TITLE NAME: DAMERON, DEL S. STREET ADDRESS: 10101 Dr. MLK St. North CITY-ST-ZIP: St. Petersburg, FL 33716	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	800054343888 05/12/05--01078--005 **791.25	
S NAME: ADAMS, LISA A STREET ADDRESS: 4565 COMMERCIAL DRIVE, SUITE A CITY-ST-ZIP: NICEVILLE, FL 32578	<input type="checkbox"/> Delete	TITLE NAME: SAVNER, DAVID A. STREET ADDRESS: 2941 Fairview Park Dr., Suite 100 CITY-ST-ZIP: Falls Church, VA 22042	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
P NAME: DAVITT, RICHARD P STREET ADDRESS: 4565 COMMERCIAL DR STE A CITY-ST-ZIP: NICEVILLE, FL 32578	<input type="checkbox"/> Delete	TITLE NAME: AS STREET ADDRESS: 2941 Fairview Park Dr., Suite 100 CITY-ST-ZIP: Falls Church, VA 22042	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
VAS NAME: DAMERON, DEL S STREET ADDRESS: 10101 9TH STREET N CITY-ST-ZIP: SAINT PETERSBURG, FL 33716	<input type="checkbox"/> Delete	TITLE NAME: AS STREET ADDRESS: 2941 Fairview Park Dr., Suite 100 CITY-ST-ZIP: Falls Church, VA 22042	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
V NAME: SAVNER, DAVID A STREET ADDRESS: 3190 FAIRVIEW PARK DR CITY-ST-ZIP: FALLS CHURCH, VA 22042	<input type="checkbox"/> Delete				
AS NAME: HOUSE, MARGARET N STREET ADDRESS: 3190 FAIRVIEW PARK DR CITY-ST-ZIP: FALLS CHURCH, VA 22042	<input type="checkbox"/> Delete				
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: <i>Del S. Dameron</i>		4/15/05		Lisa Golden, Registrar 727-578-8348	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	