


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000006417 1. Entity Name NAVIGATION ELECTRONICS, INC.	
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Principal Place of Business 1303 LAUREL DR. CLEARWATER, FL 33756	Mailing Address 200 TOLEDO DRIVE LAFAYETTE, LA 70506
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DO NOT WRITE IN THIS SPACE



03262007 No Chg-P CR2E034 (11/05)

4. FEI Number 72-1125108	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCCORMICK, ERIN 1303 LAUREL DR. CLEARWATER, FL 33756
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP POCHE, BARBARA 200 TOLEDO DRIVE LAFAYETTE, LA 70506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POCHE, RICHARD 119 ABERDEEN LAFAYETTE, LA 70508
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEROUGE, JOSEPH 540 ROBERT LEE CIR. LAFAYETTE, LA 70506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUIDRY, KELLIE 200 TOLEDO DRIVE LAFAYETTE, LA 70506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POCHE, WILLIAM 200 TOLEDO DRIVE LAFAYETTE, LA 70506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000686413
04/09/07-80044-020 150.00

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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: *Barbara Poche* **Barbara Poche** **3-26-07 3372371413**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #