

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90004 021 ****61.25

DOCUMENT # N03109 1. Entity Name MOONPORT MODELERS, INC.					
Principal Place of Business 2405 DOLPHIN RD TITUSVILLE, FL 32780 US			Mailing Address PO BOX 782 TITUSVILLE, FL 32781-0782 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3011150	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HORTON, CRAIG 2405 DOLPHIN RD TITUSVILLE, FL 32780				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 _____ (NOTE: Registered Agent signature required when constituting) DATE _____					
Filing Fee Is \$61.25 Due by September 8, 2004			9. Election Campaign Financing: Trust Fund Contribution ☐		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	ROBERTS, RON	NAME			
STREET ADDRESS	2420 CHRISTINE DR	STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE, FL 32796	CITY-ST-ZIP			
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	PEDERSEN, JAMES	NAME			
STREET ADDRESS	4093 WOODLAND CT	STREET ADDRESS			
CITY-ST-ZIP	MIMS, FL 32754	CITY-ST-ZIP			
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	BIVINS, GEORGE	NAME	BINNS, GEORGE		
STREET ADDRESS	6625 HAVEN ST	STREET ADDRESS			
CITY-ST-ZIP	COCOA, FL 32927	CITY-ST-ZIP			
TITLE	TD ☒ Delete	TITLE	☒ Change ☐ Addition		
NAME	HORTON, CRAIG	NAME	CLEMENTS, JERRY		
STREET ADDRESS	2405 DOLPHIN RD	STREET ADDRESS	315 YUMA DRIVE		
CITY-ST-ZIP	TITUSVILLE, FL 32780	CITY-ST-ZIP	TITUSVILLE, FL 32796		
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a power like empowered.					
SIGNATURE: <i>Ron Roberts</i>		Date: 7-06-04		Daytime Phone: 321-268-0150	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					