



FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90051 039 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000003834					
1. Entity Name SANFORD-AERO INDUSTRIAL PARK, INC.					
Principal Place of Business 165 WEST SR 434 WINTER SPRINGS, FL 32708		Mailing Address PO BOX 915322 LONGWOOD, FL 32791-5322			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3672439	
				Applied For Not Applicable	
				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		
NATIONAL ASSOCIATION MANAGEMENT CO 165 WEST STATE ROAD 434 WINTER SPRINGS, FL 32708			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 reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D	<input checked="" type="checkbox"/> Delete	TITLE	Dennis DRAZEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORDON, ALLEN		NAME	3550 St. Johns PKwy	
STREET ADDRESS	4208 N 31ST AVE, SUITE 3		STREET ADDRESS	SAWFOOD FL, 32771	
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORDON, BRIAN		NAME	Tim PONDRY	
STREET ADDRESS	4208 N 31ST AVE, SUITE 3		STREET ADDRESS	333 Gordon	
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP	SAWFOOD, FL 32771	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORDON, ROBIN		NAME	Dave Kelly	
STREET ADDRESS	6030 SW 116TH ST		STREET ADDRESS	100 Gordon St.	
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP	SAWFOOD, FL. 32771	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.					
SIGNATURE:  Marc A Blum Manager			Date: 2/3/2005 407-327-5824		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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