


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90346 046 ****61.25

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 197043 Suite, Apt. #, etc.
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City & State Winter Springs FL	4. FEI Number 59-3672439	Applied For <input type="checkbox"/> Not Applicable
Zip 32719	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



02022006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent NATIONAL ASSOCIATION MANAGEMENT CO 165 WEST STATE ROAD 434 WINTER SPRINGS, FL 32708		7. Name and Address of New Registered Agent Name Palmerston LLC Street Address (P.O. Box Number is Not Acceptable) 165 W. SR 434 City Winter Springs FL Zip Code 32708	
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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: [Signature] DATE: 04/26/06

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DRAZEN, DENNIS 3850 ST. JOHNS PKWY SANFORD, FL 32771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PONDRY, TIM 333 CORDON SANFORD, FL 32771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST KELLY, DAVE 10 GORDON ST SANFORD, FL 32771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: [Signature] DATE: 04/26/06 DAYTIME PHONE #: 407-327-5824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR