

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90207 044 ****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
POB 197043
WINTER SPRINGS, FL 32719

60035381



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
PO BOX 197043

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092008 Chg-NP CR2E037 (12/06)

City & State

City & State
Winter Springs, FL

4. FEI Number
59-3672439

Applied For
 Not Applicable

Zip

Country

Zip
32719

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PALMERSTON LLC
165 W SR 434
WINTER SPRINGS, FL 32708

7. Name and Address of New Registered Agent

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 **Rakesh Sharma, LCAM**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

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 **P** Delete
 NAME **DRAZEN, DENNIS**
 STREET ADDRESS **501 GORDON ST**
 CITY-ST-ZIP **SANFORD, FL 32771**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **RIVERA, ANTHONY**
 STREET ADDRESS **303 GORDON ST**
 CITY-ST-ZIP **SANFORD, FL 32771**

TITLE **ST** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** Delete
 NAME **DRATON, STEVEN**
 STREET ADDRESS **501 GORDON ST**
 CITY-ST-ZIP **SANFORD, FL 32771**

TITLE **VP** Change Addition
 NAME **Steven Drazen**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-08 **407-688-0793**
 Date Daytime Phone #